DOUGLAS COUNTY, NV

Rec:\$40.00

2024-1011075

Total:\$40.00

08/19/2024 09:35 AM

JENNIFER MCQUARRIE, ESQ

Pgs=6

E06



RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

| APN# | 1220-22-410-178 |
|------|-----------------|
| | |

SHAWNYNE GARREN, RECORDER

| TITLE OF | DOCUMENT | |
|----------|----------|--|
|----------|----------|--|

(DO NOT Abbreviate)

| (DO NOT Abbleviate) |
|--|
| Grant, Bargain and Sale Deed |
| |
| |
| Document Title on cover page must appear EXACTLY as the first page of the document to be recorded. |
| RECORDING REQUESTED BY: |
| Michael Geissinger |
| RETURN TO: Name Michael Geissinger |
| Address P.O. Box 1005 |
| City/State/Zip Mammoth Lakes, CA 93546 |
| |
| MAIL TAX STATEMENT TO: (Applicable to documents transferring real property) |
| Name Michael Geissinger |
| Address P.O. Box 1005 |
| City/State/Zip Mammoth Lakes, CA 93546 |

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

Recording Requested By:

Michael Geissinger

When Recorded Mail This Deed To:

Michael Geissinger P.O. Box 1005 Mammoth Lakes, CA 93546

APN: 1220-22-410-178

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR NO CONSIDERATION, Michael Geissinger and Denise Geissinger, Co-Trustees of the Michael and Denise Geissinger Revocable Trust dated September 23, 2019

Do hereby GRANT, BARGAIN, SELL and CONVEY to

Michael Geissinger, Trustee of the Michael Geissinger Revocable Trust dated

7/3) , 2024

And to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows: Lot 829 of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on March 27, 1974, as Document No. 72456.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated:

Michael Geissinger

Dated:

Denise Geissinger

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of california | } | | | |
|--|---|--|--|--|
| County of san bernardino | | | | |
| on <u>July 292024</u> before me, <u>KoDawn</u> (Here insert name and title of the officer) personally appeared <u>Michael Greissinser</u> personally appeared <u>Michael Greissinser</u> (Here insert name and title of the officer) | | | | |
| personally appeared <u>michael</u> | C7 e issinger, | | | |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that | | | | |
| he/she/they executed the same in his/he | er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of | | | |
| which the person(s) acted, executed the | e instrument. | | | |
| L Wder DENALTY OF DED HIDV | under the laws of the State of California that | | | |
| the foregoing paragraph is true and cor | rect. | | | |
| | K. Davis COMM. #2487361 = | | | |
| WITNESS my hand and official seal. | NOTARY PUBLIC - CALIFORNIA TRIVERSIDE COUNTY My Comm. Expires April 19, 2028 | | | |
| | | | | |
| Notary Public Signature (No | otary Public Seal) | | | |
| A THE STATE OF THE | INSTRUCTIONS FOR COMPLETING THIS FORM | | | |
| | ON This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments | | | |
| DESCRIPTION OF THE ATTACHED DOCUMENT | from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary | | | |
| | law. | | | |
| (Title or description of attached document) | State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. | | | |
| (Title or description of attached document continued) | Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. | | | |
| Number of Pages Document Date | The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). | | | |
| | Print the name(s) of document signer(s) who personally appear at the time of notarization. | | | |
| CAPACITY CLAIMED BY THE SIGNER | Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /ere) or circling the correct forms. Failure to correctly indicate this | | | |
| ☐ Individual (s) | information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. | | | |
| ☐ Corporate Officer | Impression must not cover text or lines. If seal impression smudges, re-seal if a | | | |
| (Title) | sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of | | | |
| ☐ Partner(s) | the county clerk | | | |
| ☐ Attorney-in-Fact | Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. | | | |
| ☐ Trustee(s) | Indicate title or type of attached document, number of pages and date. | | | |
| Other | Indicate the capacity claimed by the signer. If the claimed capacity is a | | | |

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800 873 9865

Recording Requested By:

Michael Geissinger

When Recorded Mail This Deed To:

Michael Geissinger P.O. Box 1005 Mammoth Lakes, CA 93546

APN: 1220-22-410-178

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR NO CONSIDERATION, Michael Geissinger and Denise Geissinger, Co-Trustees of the Michael and Denise Geissinger Revocable Trust dated September 23, 2019

Do hereby GRANT, BARGAIN, SELL and CONVEY to

Michael Geissinger, Trustee of the Michael Geissinger Revocable Trust dated 7/3/7/30/2024, 2024

And to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

Lot 829 of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on March 27, 1974, as Document No. 72456.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated:

Michael Geissinger

Datad.

Dénise Geissinger

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California County of | \ | | | | |
|---|------|--|--|--|--|
| On 7/30/2024 hoters me Stacev M. Estrada, Notary Public | | | | | |
| on belore me, | | | | | |
| / (insert name and title of the officer) | 1 | | | | |
| personally appeared Denise Geissinger | | | | | |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that re/she/they executed the same ir his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the | | | | | |
| person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. | | | | | |
| I certify under PENALTY OF PERJURY under the laws of the State of California that the foregon paragraph is true and correct. | oing | | | | |
| | | | | | |
| WITNESS my hand and official seal. STACEY M. ESTRADA COMM. # 2451232 OF NOTARY PUBLIC - CALIFORNIA OF SIERRA COUNTY OF COMM. EXPIRES JUNE 22, 2027 | | | | | |
| Signature (Seal) | | | | | |

STATE OF NEVADA DECLARATION OF VALUE

| 1. Assessor Parcel Number(s) | |
|---|--|
| a. 1220-22-410-178 | |
| b. | \ \ |
| c. | \ \ |
| d. | \ \ |
| 2. Type of Property: | \ \ |
| a. Vacant Land b. Single Fam. Res. | FOR RECORDERS OPTIONAL USE ONLY |
| c. Condo/Twnhse d. 2-4 Plex | BookPage: |
| e. Apt. Bldg f. Comm'l/Ind'l | Date of Recording: |
| g. Agricultural h. Mobile Home | Notes: |
| Other | INOIES. |
| 3.a. Total Value/Sales Price of Property | \$ |
| b. Deed in Lieu of Foreclosure Only (value of pro | perty(|
| c. Transfer Tax Value: | \$ |
| d. Real Property Transfer Tax Due | \$ |
| | |
| 4. If Exemption Claimed: | |
| a. Transfer Tax Exemption per NRS 375.090, | Section 6 |
| b. Explain Reason for Exemption: Transfer be | |
| a decree of divorce | SP COLOR III COMPILATION WILL |
| 5. Partial Interest: Percentage being transferred: | % |
| The undersigned declares and acknowledges, under | |
| and NRS 375.110, that the information provided is | correct to the best of their information and belief |
| and can be supported by documentation if called up | on to substantiate the information provided herein |
| Furthermore, the parties agree that disallowance of a | any claimed exemption or other determination of |
| additional tax due, may result in a penalty of 10% of | f the tax due plus interest at 1% per month. Pursuant |
| to NRS 375.030, the Buyer and Seller shall be jointly | y and severally liable for any additional amount owed. |
| | y and severally habit for any additional amount owed. |
| Signature Lucy M Ou | Capacity: Attorney w fact |
| Signature Accept the S | capacity. AINTHEY UN TAZA |
| Signature | Capacity: |
| Signaturo | Capacity |
| SELLER (GRANTOR) INFORMATION | DIVED (CDANTEE) INCODMATION |
| (REQUIRED) | BUYER (GRANTEE) INFORMATION |
| Print Name: Denise Geissinger | (REQUIRED) Print Name: Michael Geissinger |
| Address:60128 Hwy 70 | Address: PO Box 1005 |
| City: Cromberg | City: Mammoth Lakes |
| State: CA Zip: 96103 | |
| Diace. GA Zip. 90 103 | State: CA Zip: 93546 |
| COMPANY/PERSON REQUESTING RECORI | DING (Required if not seller or huver) |
| Print Name: | Escrow # |
| Address: | |
| City: | State: Zip: |
| | Σων. Διρ. |

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED