

A.P.N. No.:	007-395-15
R.P.T.T.	\$ 351.00
File No.:	581145
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Dorothy L. Moyle, Trustee of the Dorothy L. Moyle Trust dated July 27, 1998	
PO Box 557	
Eureka, NV 89316	

EUREKA COUNTY, NV	2019-239890
RPTT:\$351.00 Rec:\$35.00	
\$386.00 Pgs=6	12/06/2019 01:48 PM
STEWART TITLE ELKO	
LISA HOEHNE, CLERK RECORDER	

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That

Pony Express Village, LLC, a Nevada limited liability company

for valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to

Dorothy L. Moyle, Trustee of the Dorothy L. Moyle Trust dated July 27, 1998

all that real property situated in the County of Eureka, State of Nevada, bounded and described as follows:

Parcel H as shown on that certain Parcel Map for SALVATORE and BETTY ANN GRASSO, filed August 19, 1988 in the Office of the County Recorder of Eureka County, Nevada, as File Number 120754 of Official Records, a portion of Parcel D of Lot 3 of Parcel B of the Large Division Map of E1/2 of Section 17, TOWNSHIP 20 NORTH, RANGE 53 EAST, M.D.B.&M.

EXCEPTING THEREFROM all of the oil and gas in and under said land, reserved by the United States of America, in Patent recorded April 15, 1966, in Book 10, Page 331. Official Records, Eureka County, Nevada.

SUBJECT TO:

1. Taxes for the fiscal year;
2. Reservations, restrictions, conditions, rights, rights of way and easements, if any of record on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 11/26/2019

SIGNATURES AND NOTARY ON PAGE 2
THIS GRANT BARGAIN SALE DEED MAY BE SIGNED IN COUNTERPART.

Pony Express Village, LLC

Robert L. McMinn
Robert L. McMinn, Manager

Joanne A. McMinn
Joanne A. McMinn, Manager

Robert W. Pretel, Manager

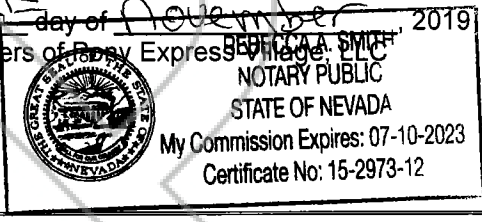
Angela C. Pretel, Manager

Christopher Schiappa, DDS, Manager

State of Nevada)
) ss
County of Lyon)

This instrument was acknowledged before me on the 26th day of November, 2019
By: Robert L. McMinn and Joanne A. McMinn, as Managers of Pony Express Village, LLC

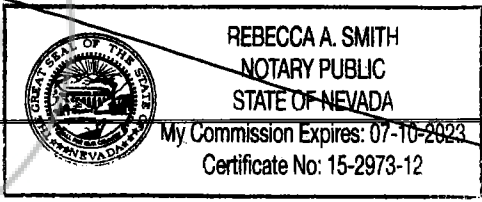
Signature: Rebecca A. Smith
Notary Public



State of Nevada)
) ss
County of Lyon) RS

This instrument was acknowledged before me on the 26th day of November, 2019
By: Robert W. Pretel and Angela C. Pretel, as Managers of Pony Express Village, LLC

Signature: Rebecca A. Smith
Notary Public



State of _____)
) ss
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Christopher Schiappa, DDS, as Manager of Pony Express Village, LLC

Signature: _____
Notary Public

Pony Express Village, LLC

Robert L. McMinn, Manager

Joanne A. McMinn, Manager

Robert W. Pretel, Manager

Angela C. Pretel, Manager

Christopher Schiappa, DDS, Manager

State of _____)
) ss
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Robert L. McMinn and Joanne A. McMinn, as Managers of Pony Express Village, LLC

Signature: _____
Notary Public

State of _____)
) ss
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Robert W. Pretel and Angela C. Pretel, as Managers of Pony Express Village, LLC

Signature: _____
Notary Public



State of _____)
) ss
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Christopher Schiappa, DDS, as Manager of Pony Express Village, LLC

Signature: _____
Notary Public

Pony Express Village, LLC

Robert L. McMinn, Manager

Joanne A. McMinn, Manager

Robert W. Pretel, Manager

Angela C. Pretel, Manager

Christopher Schiappa

Christopher Schiappa, DDS, Manager

State of _____)
County of _____) ss

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Robert L. McMinn and Joanne A. McMinn, as Managers of Pony Express Village, LLC

Signature: _____
Notary Public

State of _____)
County of _____) ss

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Robert W. Pretel and Angela C. Pretel, as Managers of Pony Express Village, LLC

Signature: _____
Notary Public

State of _____)
County of _____) ss

This instrument was acknowledged before me on the _____ day of _____, 2019
By: Christopher Schiappa, DDS, as Manager of Pony Express Village, LLC

Signature: *see attached*
Notary Public
California all-purpose acknowledgment

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Sacramento)

On 12/1/19 before me, Nora Tillman, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Robert W. Pretef and
Name(s) of Signer(s)

Angela C. Pretef

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/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 foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

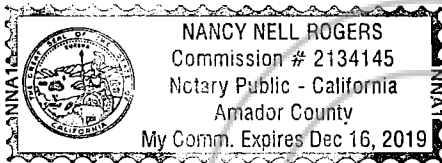
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Amador)
On 11-26-2019 before me, Nancy Nell Rogers, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Christopher Schiappa
Name(s) of Signer(s)

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/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 foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Nancy Nell Rogers
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Grant, Bargain Sale Deed Document Date: 11-26-2019
Number of Pages: 2 Signer(s) Other Than Named Above: 0

Capacity(ies) Claimed by Signer(s)

Signer's Name: Christopher Schiappa
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: Manager
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 007-395-15
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a. Vacant Land b. Single Fam. Res.
 c. Condo/Twnhse d. 2-4 Plex
 e. Apt. Bldg. f. Comm'/Ind'l
 g. Agricultural h. Mobile Home
 Other _____

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. a. Total Value/Sales Price of Property \$ 90,000.00
 b. Deed in Lieu of Foreclosure Only (value of property) ()
 c. Transfer Tax Value: \$ 90,000.00
 d. Real Property Transfer Tax Due \$ 351.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100%
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 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 upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Robert L. Moyle Capacity Grantor
 Pony Express Village, LLC
 Signature _____ Capacity Grantee
 Dorothy L. Moyle, Trustee

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Pony Express Village, LLC
 Address: 821 W. Bridge Street
 City: Yerington
 State: NV Zip: 89447

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Dorothy L. Moyle, Trustee of the Dorothy L. Moyle Trust dated July 27, 1998
 Address: PO Box 557
 City: Eureka
 State: NV Zip: 89316

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: Stewart Title Company Escrow # 581145
 Address: 810 Idaho St
 City: Elko State: NV Zip: 89801