

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

EUREKA COUNTY, NV	<b>2019-239890</b>
RPTT:\$351.00 Rec:\$35.00	
\$386.00 Pgs=6	<b>12/06/2019 01:48 PM</b>
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 )  
County of Lyon ) ss

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


Signature: Rebecca Smith  
Notary Public

 REBECCA A. SMITH  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 07-10-2023  
Certificate No: 15-2973-12

~~State of Nevada )  
County of Lyon ) ss  
RS~~

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

~~Signature: Rebecca Smith  
Notary Public~~

~~ REBECCA A. SMITH  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 07-10-2023  
Certificate No: 15-2973-12~~

~~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: \_\_\_\_\_  
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 \_\_\_\_\_ )

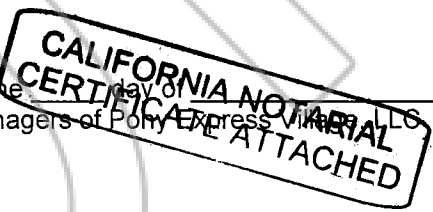
This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2019  
By: Robert W. Pretel and Angela C. Pretel, as Managers of Pony Express Village, LLC

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





**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**

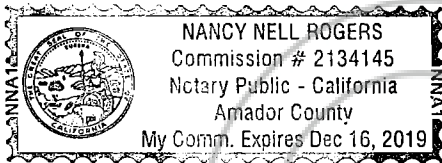
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
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