

APN: 1220-31-001-004

RECORDING REQUESTED BY:

Susan Thran
P.O. Box371
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Susan Thran
P.O. Box371
Minden, NV 89423



KAREN ELLISON, RECORDER

E05

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEED UPON DEATH

THIS INDENTURE WITNESSETH: That on this 30th day of December, 2014, SUSAN THRAN, a widow, does hereby convey to her sons, THEODORE K. THRAN, a single man, and MICHAEL A. THRAN, an unmarried man, as joint tenants with right of survivorship, effective upon the death of the Grantor, the following described real property in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO SUBSECTION 1 OF NRS 111.109 REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE GRANTOR'S ENTIRE INTEREST IN THE SAME REAL PROPERTY.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Susan Thran
Susan Thran

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 30th day of December, 2014, by Susan Thran.

[Signature]
Notary Public

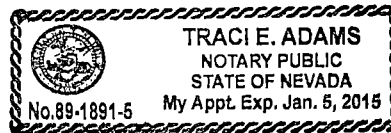
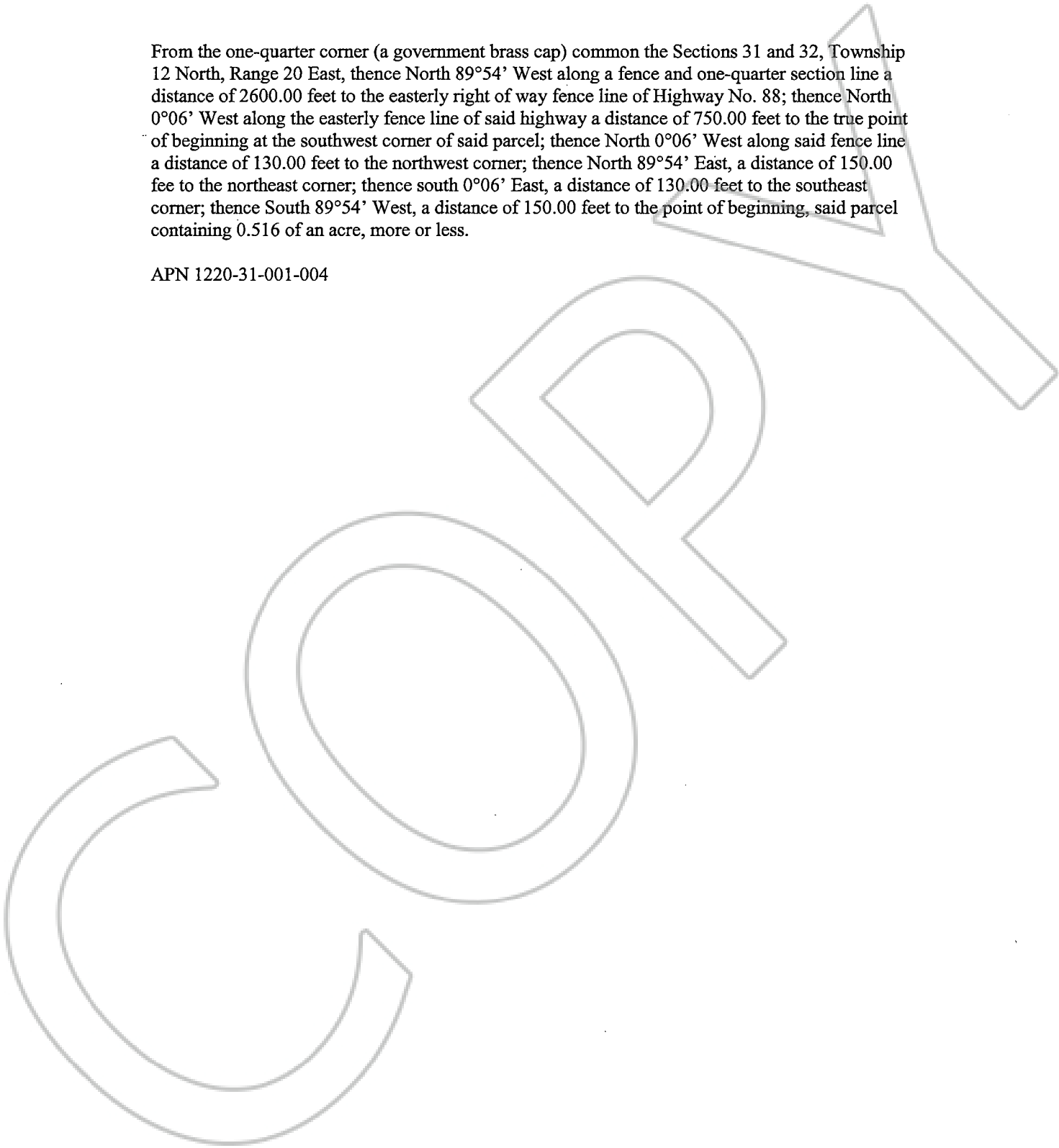


EXHIBIT "A"

From the one-quarter corner (a government brass cap) common the Sections 31 and 32, Township 12 North, Range 20 East, thence North 89°54' West along a fence and one-quarter section line a distance of 2600.00 feet to the easterly right of way fence line of Highway No. 88; thence North 0°06' West along the easterly fence line of said highway a distance of 750.00 feet to the true point of beginning at the southwest corner of said parcel; thence North 0°06' West along said fence line a distance of 130.00 feet to the northwest corner; thence North 89°54' East, a distance of 150.00 feet to the northeast corner; thence south 0°06' East, a distance of 130.00 feet to the southeast corner; thence South 89°54' West, a distance of 150.00 feet to the point of beginning, said parcel containing 0.516 of an acre, more or less.

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1220-31-001-004
 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'l/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING:	_____
NOTES:	_____

3. Total Value/Sales Price of Property: \$0.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$0.00
 Real Property Transfer Tax Due: \$0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: Parent Deed to Parent and Sons without consideration

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 Susan Thran Capacity grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Susan Thran
 Address: P.O. Box 371
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Susan Thran
 Address: P.O. Box 371
 City: Minden
 State: NV Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)