

APN: 1419-11-002-034

After Recording, Mail to:
Robert & Julia Claussen
3491 Zurich Ct.
Carson City, NV 89705



KAREN ELLISON, RECORDER E10

Mail Tax Statements to:

Same as above

The undersigned affirms that this document does not contain the social security number of any person. (NRS 239B.030).

TRANSFER ON DEATH DEED

By this instrument, ROBERT W. CLAUSSEN and JULIA K. CLAUSSEN, husband and wife as community property with right of survivorship, Grantors, transfers upon both their deaths to JAY BAKER CLAUSSEN, a single man, as Grantee Beneficiary, the following described real property in the County of Douglas, State of Nevada:

Lot 41, as shown on that certain map entitled "ALPINE VIEW ESTATES NO. 2", filed in the office of the County Recorder of Douglas County, State of Nevada, on November 1, 1972, as File No. 62567.

Per NRS 111.312, this legal description was previously recorded at Book 1012 at Page 3498 as Document No. 810836, on October 12, 2012.


TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantee.

This transfer on death deed is revocable. It does not transfer any ownership until the Deaths of Grantors herein. It revokes all prior beneficiary designations by said Grantors for this interest.

IN WITNESS WHEREOF, the Grantors execute this conveyance on the 24th day of February, 2015.


ROBERT W. CLAUSSEN


JULIA K. CLAUSSEN

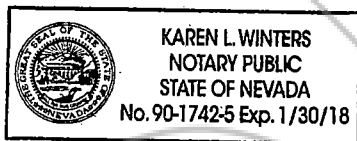
ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On February 24, 2015, before me, Karen L. Winters, Notary Public, personally appeared ROBERT W. CLAUSSEN and JULIA K. CLAUSSEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Karen L. Winters
NOTARY PUBLIC

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1419-11-002-034
- 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:

\$ _____
Deed in Lieu of Foreclosure Only (value of property): \$ _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
- b. Explain Reason for Exemption: This is a transfer from Grantors to their children that is only effective upon Grantors' deaths, made without consideration.

5. Partial Interest: Percentage being transferred: _____%

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 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: [Signature] Capacity: Grantor
Signature: [Signature] Capacity: Grantee

SELLER (GRANTOR) INFORMATION (Required)
Print Name: Robert Claussen
Address: 3491 Zurich Ct.
City/State/Zip: Carson City, NV 89705

BUYER (GRANTEE) INFORMATION (Required)
Print Name: Robert Claussen
Address: 3491 Zurich Ct.
City/State/Zip: Carson City, NV 89705

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____
Address: P.O. Box 1987
City: Minden State: NV Zip: 89423