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DOUGLAS COUNTY, NV 2015-858895  
Rec:\$14.00  
Total:\$14.00 03/19/2015 01:15 PM  
KATRIN W DEBACKER Pgs=2

APN# 1220-21-510-200

RECORDING REQUESTED BY:

Katrin W. DeBacker  
PO Box 2771  
Stateline, NV 89449



KAREN ELLISON, RECORDER E10

WHEN RECORDED RETURN TO:

Katrin W. DeBacker  
PO Box 2771  
Stateline, NV 89449


DEED UPON DEATH

THIS INDENTURE WITNESSETH: That KATRIN W. DEBACKER, an unmarried women, does hereby convey to PETER C. SIENKIEWICZ, an unmarried man, effective upon the death of the Grantor, the following described real property in the County of Douglas, State of Nevada:

LOT 238 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS DOCUMENT NO. 66512, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

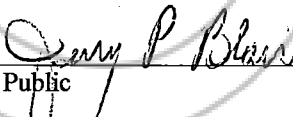
TOGETHER with all singular tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

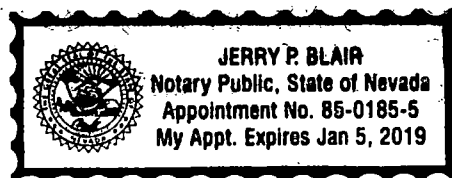
THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO SUBSECTION 1 OR NRS 111.655 TO 111.699 INCLUSIVE, REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE GRANTOR'S ENTIRE INTEREST IN THE SAME REAL PROPERTY. THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

 3-11-15  
Katrin W. DeBacker Date

STATE OF NEVADA )  
 ) ss:  
COUNTY OF DOUGLAS )

Subscribed and sworn to (or affirmed) before me on this 11 day of MARCH 2015 by Katrin W. DeBacker, proved to me on the basis of satisfactory evidence to be the person who appears before me.

  
Notary Public



# State of Nevada Declaration of Value

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	_____

1. **Assessor Parcel Number(s)**  
 a) 1220-21-510-200 \_\_\_\_\_  
 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 \_\_\_\_\_

3. **Total Value/Sales Price of Property:** \$ \_\_\_\_\_  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value per NRS 375.010, Section 2: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 0.00 \_\_\_\_\_

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption, per NRS 375.090, Section: 10 \_\_\_\_\_  
 b. Explain Reason for Exemption: a conveyance of real property by deed which becomes effective on the death of the grantor pursuant to NRS 111.655 to 111.699 inclusive  
 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 \_\_\_\_\_ Capacity Grantor  
 Signature \_\_\_\_\_ Capacity Grantee

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Katrin W. DeBacker  
 Address: PO Box 2771  
 City: Stateline  
 State: NV Zip: 89449

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Peter C. Sienkiewicz  
 Address: PO Box 2771  
 City: Stateline  
 State: NV Zip: 89449

**COMPANY REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_