

APN# 1420-07-411-010



KAREN ELLISON, RECORDER E05

Recording Requested by/Mail to:

Name: CALVIN A. HOBSON

Address: 3439 BASALT DR

City/State/Zip: CARSON CITY, NV 89705

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

LIFE ESTATE DOCUMENT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

LIFE ESTATE ^(KA) ~~QUIT CLAIM DEED~~

THE GRANTOR, CALVIN A. HOBSON of 3439 BASALT DR.,
City of INDIAN HILLS, County of DOUGLAS,
State of NEVADA, for the consideration of \$ 10.00
(TEN DOLLARS)

CONVEY ^{LIFE ESTATE} ~~QUIT CLAIM~~ to ELIZABETH R. HOBSON
of 3437 BASALT DR., City of INDIAN HILLS, County of DOUGLAS
State of NV, A LIFE ESTATE ^(KA) ~~all interest~~ in the following described real estate
situated in the County of DOUGLAS, in the State of NV, to wit:

LOT 48, RIDGEVIEW ESTATES, MAP FILED IN DOUGLAS COUNTY RECORDER
DECEMBER 27, 1972 (DOCUMENT # 63503) A.P.N. 1420-07-411-010
ALONG WITH 1978 FLEETWOOD FESTIVAL 24 X 60 MANUFACTURED HOME
S/N CALF A&B 817680592, WITH ALL ATTACHMENTS AND IMPROVEMENTS

Dated this 14 day of (mo.) AUGUST, (yr.) 2013.

Calvin A. Hobson

Grantor's Signature

CALVIN A. HOBSON

Type or Print Name

Grantor's Signature

Type or Print Name

STATE OF NEVADA
COUNTY OF CLARSON

I, K. ASHCRAFT, Notary Public in and for the state of
NEVADA, do hereby certify that on this 14 day of (mo.) AUGUST,
(yr.) 2013, personally appeared before me CALVIN A. HOBSON
known to be the individual described in and who executed the within instrument and
acknowledged that CALVIN A. HOBSON signed the same as CALVIN A. HOBSON
free and voluntary act and deed for the uses and purposes herein mentioned.

(KA)
(HE)

Given under my hand and official seal this 14 day of (mo.) AUGUST,
(yr.) 2013. Commission expires (mo./day) 10 / 31, (yr.) 2016



K. Ashcraft
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) 1420-07-411-010

(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: _____ \$

Real Property Transfer Tax Due: _____ \$

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 5

b. Explain Reason for Exemption: LIFE ESTATE FROM SON TO MOTHER

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 Calvin A. Hobson Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: CALVIN A. HOBSON
 Address: 3439 BASALT DR
 City: CARSON CITY
 State: NV Zip: 89705

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: ELIZABETH HOBSON
 Address: 3437 BASALT DR
 City: CARSON CITY
 State: NV Zip: 89705

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____