

APN: 1320-29-111-038

The undersigned hereby affirms that there is no Social Security Number contained in this document.



KAREN ELLISON, RECORDER E10

WHEN RECORDED, MAIL TO:  
Barbara A. Schmanski  
1109 Cedar Crest Dr.  
Minden, NV 89423

DEED UPON DEATH

I (We), Barbara A. Schmanski (name of owner(s)), Grantor(s), hereby convey to Alex A. Schmanski (name of beneficiary or beneficiaries), effective on my (our) death, all right, title and interest in the real property commonly known as 1109 Cedar Crest Dr., city of Minden, county of Douglas, state of Nevada [or located in the county of \_\_\_\_\_, state of Nevada], and more particularly described as:

see exhibit A

(Legal Description)

Together with all improvements, 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(S). THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR(S) WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO NRS 111.655 TO 111.699, INCLUSIVE, REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE ENTIRE INTEREST OF THE GRANTOR(S) IN THE SAME REAL PROPERTY.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Date: 6-13-16

Barbara A. Schmanski  
(print name of Grantor)

(ACKNOWLEDGMENT)


Deed Upon Death  
(attached)

State of Nevada  
County of Douglas County

This instrument was acknowledged by me on June 13, 2016, by Barbara Schmanski.

Barbara A. Schmanski  
Barbara Schmanski

Jodi O. Stovall  
(Signature of notarial officer)

 JODI O. STOVALL  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-79473-5 - Expires August 3, 2016

**EXHIBIT "A"  
LEGAL DESCRIPTION**

Order No.: 060101159

The land referred to herein is situated in the State of Nevada,  
County of DOUGLAS, described as follows:

**Parcel 1:**

Unit 359, as shown on the Final Map No. 1008-7A for  
WINHAVEN, Unit NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT,  
filed for record in the office of the County Recorder of  
Douglas County, Nevada on November 17, 1995, in Book 1195  
of Official Records at Page 2675, as Document No. 374950.

Assessors Parcel No. 1320-29-111-038

**Parcel 2:**

A non-exclusive easement for use, enjoyment, ingress and  
egress over the common area as set forth in Declaration of  
Covenants Conditions and Restrictions recorded September  
28, 1990, in Book 990, Page 4348, as Document No. 235644,  
Official Records.

This document is recorded as an  
ACCOMMODATION ONLY and without  
liability for this consideration therefore, or  
as to the validity or sufficiency of said  
instrument, or for the effect of such  
recording on the title of the property  
involved.



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1320-29-111-038  
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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 0  
Deed in Lieu of Foreclosure Only (value of property) ( 0  
Transfer Tax Value: \$ 0  
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: Deed upon Death

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 Barbara A. Schwanste Capacity Grantor  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Barbara A. Schwanste  
Address: 1109 Cedar Crest Dr.  
City: Minden  
State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Barbara A. Schwanste  
Address: 1109 Cedar Crest Dr.  
City: Minden  
State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING  
(required if not the seller or buyer)

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

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