DOUGLAS COUNTY, NV Rec:\$15.00

Total:\$15.00

TOM OLSEN

08/24

2016-886555

08/24/2016 03:03 PM

Pgs=3

APN: <u>1220-15-410-083</u>

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

0004161220160896555030031

KAREN ELLISON, RECORDER

E10

WHEN RECORDED, MAIL TO:

TOM DISIEN 1438 ANNKIM CIR GARDIVIERVILLE NV 89460

DEED UPON DEATH

Grantor(s), hereby convey to JENNIFER

R. HOFFMAND, effective on my (our) death, all right, title and interest in the real property commonly known as 1438 ANNKIM ORCLE, city of GARDNAR YILLE county of DUBLAS, state of Nevada [or located in the county of _____, state of Nevada], and more particularly described as:

LOT 31. IN BLOCK L, ASSAID LOT MAD BLOCK ARE SHOWN ON THE MAP OF GARDNER VILLE RANCHOS UNIT H Q, FILED IN THE OFFICE OF THE RECORDER OF DUBLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967. EN MAP BOOK 1, PIGE 55, FILE NO. 35914.

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: 8/24/14

(print name of Grantor)

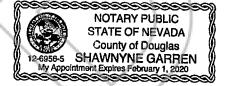
(ACKNOWLEDGMENT)

Deed Upon Death (attached)

State of Nevada County of Douglas County

This instrument was acknowledged by me on August 24, 2016, by Thomas L. Olsen.

Thomas L. Olsen



| STATE OF NEVADA | |
|--|--|
| DECLARATION OF VALUE | |
| 1. Assessor Parcel Number(s) | |
| a) 1220-15-410-083 | |
| b) | \ \ |
| c) | \ \ |
| d) | \ \ |
| | \ \ |
| 2. Type of Property: | \ \ |
| · | _ \ \ |
| | |
| c) Condo/Twnhse d) 2-4 Plex | FOR RECORDERS OPTIONAL USE ONLY |
| e) Apt. Bldg f) Comm'l/Ind'l | BOOKPAGE |
| g) Agricultural h) Mobile Home | DATE OF RECORDING: |
| | NOTES: |
| i) | |
| | |
| 3. Total Value/Sales Price of Property: | \$ |
| Deed in Lieu of Foreclosure Only (value of property) | <u> </u> |
| Transfer Tax Value: | \$ |
| Real Property Transfer Tax Due: | \$ |
| | |
| 4. If Exemption Claimed: | |
| a. Transfer Tax Exemption per NRS 375.090, Se | ection # 10 |
| b. Explain Reason for Exemption: | D UPON DRATH |
| | |
| | |
| 5. Partial Interest: Percentage being transferred: | % |
| | 1 |
| 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 th | |
| | tiate the information provided herein. Furthermore, the |
| parties agree that disallowance of any claimed exempt | |
| result in a penalty of 10% of the tax due plus interest | at 1% per month. |
| _ \ \ | 1 1 |
| Pursuant to NRS 375.030, the Buyer and Seller shall be join | tly and severally liable for any additional amount owed. |
| 1000 | |
| Signature J. homes & Wesen | Capacity GRANTOR |
| 2 | |
| Signature | Capacity |
| / | |
| SELLER (GRANTOR) INFORMATION | BUYER (GRANTEE) INFORMATION |
| (REQUIRED) | (REQUIRED) |
| () | (|
| Print Name: THOMAS L. OLSEN I | Print Name: Nomes L. OLSIEN |
| Address: 1438 ANNKIM CIRCLE | Address: 1938 ANNKIM CIRCLE |
| City: GANDNERVILLE (| Sity: Can De Canter C |
| State: MEUNDA Zip: 29460 | City: GARDWERVILLE State: NEVROL Zip: 89460 |
| State. 1011 0 1124 Lip. 4 1460 | Diale: NEVANA 219:87460 |
| COMPANY/PERSON REQUESTING RECORDING | |
| (required if not the seller or buyer) | |
| | Eggravy # |
| Print Name: | Escrow # |
| Address: | - 77' |
| City: State: | Zip: |
| (AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED) | |