

15
APN# 1318-23-410-034

Recording Requested by/Mail to:

Name: PATRICIA STUBE

Address: 11422 S. ST. LOUIS AVE

City/State/Zip: CHICAGO, IL 60655

Mail Tax Statements to:

Name: PATRICIA STUBE

Address: 11422 S. ST. LOUIS AVE

City/State/Zip: CHICAGO, IL 60655



KAREN ELLISON, RECORDER

DEATH of GRANTOR AFFIDAVIT

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)

Patricia Stube

Signature

PATRICIA STUBE

Printed Name

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

APN: 1318-23-410-034

RECORDING REQUESTED BY:

Patricia Stube
11422 S. St. Louis Ave.
Chicago, IL 60655

AFTER RECORDATION, RETURN BY MAIL TO:

Patricia Stube
11422 S. St. Louis Ave.
Chicago, IL 60655

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTORS AFFIDAVIT

PATRICIA STUBE, being duly sworn, deposes and says that James Frank Pozniak, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as James F. Pozniak, named as the Grantor in the deed upon death recorded on October 6, 2014, as document number 2014-850397, Official Records of Douglas County, Nevada, covering the real property located in the County of Douglas, State of Nevada, and more particularly described as:

Lot 14, as shown on the Map of Ponderosa Park Subdivision, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on February 25, 1970, as Document No. 47249.

Patricia Stube is the beneficiary to whom the real property is conveyed upon the death of the grantor James Frank Pozniak. The beneficiary listed in the deed upon death is Patricia Stube.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

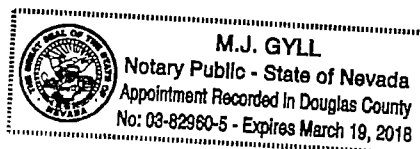
DATE: 31 August 2016

Patricia Stube
Patricia Stube

State of Nevada }
 } ss.
County of Douglas }

On this 31 day of August in the year 2016, before me, M.J. Gyll, personally appeared Patricia Stube, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

M.J. Gyll
(Signature of Notary Public)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1318-23-410-034
 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	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 133,831
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 133,831
 Real Property Transfer Tax Due: \$ 522.60

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

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 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 Patricia Stube Capacity GRANTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: ~~ESTATE OF~~ JAMES F. POZNIAK
 Address: 191 PONDEROSA DR
 City: STATELINE
 State: NEVADA Zip: 89449

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: PATRICIA STUBE
 Address: 11422 S. ST LOUIS AVE
 City: CHICAGO
 State: ILLINOIS Zip: 60655

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)