APN# 1318-23-410-012 Recording Requested by/Mail to: KAREN ELLISON, RECORDER Name: KATHLEEN J. WOLF Address: 603 N. E. 474 City/State/Zip: ALEDO IL 6/23/ Mail Tax Statements to: Name: KATHLEED J. WOLF Address: <u>603 N.E.</u> 4™ City/State/Zip: ALEDO 1L 6/23/ 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) X Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5) Judgment - NRS 17.150(4) Military Discharge - NRS 419.020(2) Signature KATHLEEN J. WOLF **Printed Name** This document is being (re-)recorded to correct document # , and is correcting

DOUGLAS COUNTY, NV

Total:\$344.55 PATRICIA STUBE

RPTT:\$329.55 Rec:\$15.00

2016-887119

09/02/2016 12:01 PM

APN: 1318-23-410-012

RECORDING REQUESTED BY:

Kathleen J. Wolf 603 N.E. 4th Aledo, IL 61231

AFTER RECORDATION, RETURN BY MAIL TO:

Kathleen J. Wolf 603 N.E. 4th Aledo, IL 61231

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

KATHLEEN J. WOLF, 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 2014-850396, 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 36, 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, of Official Records of Douglas County, State of Nevada.

Kathleen J. Wolf 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 Kathleen J. Wolf.

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

DATE: 08-24-16

Kathleen J. Wolf

State of Illinois

} ss.

County of Mercer

On this 20th day of Acust, in the year 2016, before me, With 10 Wolf, personally appeared Kathleen J. Wolf, 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.

(Signature of Notary Public)

OFFICIAL SEAL BREEANNA WOOD NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 5-20-2018

STATE OF NEVADA DECLARATION OF VALUE 1. Assessor Parcel Number(s)	
a) 1318-23-410-612 b) c) d)	
2. Type of Property: a) Vacant Land b) Single Fam. Re 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: Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Due:	\$ 84,226. \$ 84,226 \$ 329,55
4. <u>If Exemption Claimed:</u> a. Transfer Tax Exemption per NRS 375.090, 9 b. Explain Reason for Exemption:	Section #
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 joi Signature Satricia Stube	ntly and severally liable for any additional amount owed. Capacity Agent
Signature SELLER (GRANTOR) INFORMATION (REQUIRED)	Capacity BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: JAMES F POZNIAK Address: 191 PONDEVOSA DR City: STATE CINE State: NV Zip: 89449	Print Name: KATHLEEN JANE WOLF Address: 603 NE 4tH 57. City: ALEDO State: 1LL. Zip: 61231
COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address:	Escrow #
City: State:	Zip: MAY BE RECORDED/MICROFILMED)