

15

APN# 1318-23-410-012



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: KATHLEEN J. WOLF

Address: 603 N.E. 4TH

City/State/Zip: ALEDO, IL 61231

Mail Tax Statements to:

Name: KATHLEEN J. WOLF

Address: 603 N.E. 4TH

City/State/Zip: ALEDO, IL 61231

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)

Kathleen J. Wolf (K. Jane Wolf)

Signature

KATHLEEN J. WOLF

Printed Name

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

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1318-23-410-012
 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: \$ 84,226.
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 84,226
 Real Property Transfer Tax Due: \$ 329.55

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 Agent

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: JAMES F POZNIAK
 Address: 191 PONDEROSA DR
 City: STATELINE
 State: NV Zip: 89449

Print Name: KATHLEEN JANE WOLF
 Address: 603 NE 4TH ST.
 City: ALEDO
 State: ILL. Zip: 61231

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____