

15-



KAREN ELLISON, RECORDER E10

APN: 1420-27-401-008
Recording request by, mail documents
and tax statements to: Robert E. Hansen
1408 Stephanie Way, Minden, NV 89423
NO social security #s of any person herein.

(Beneficiary) DEED UPON DEATH AFFIDAVIT OF GRANTOR
SUBSECTION 1 OF NRS 111.655 through NRS 111.699

I, the undersigned, Robert E. Hansen, do execute this Deed upon Death, whereas Grant, I do hereby convey, give, and bequeath to my Grantee, my son, Robert C. Hansen, my full 100% ownership value and equity of the home, land and property I own, so that effective upon my death, that said property shall be transferred to my Grantee, real property known as 1408 Stephanie Way, Minden, Douglas County, Nevada 89423, legally described as: See "Exhibit A," attached and referenced herein.

I affirm that my son, Robert C. Hansen, shall be my Grantee upon my death as my beneficiary to whom said real property shall be fully conveyed and bequeathed, with all improvements, tenements, hereditaments, appurtenances, easement, water rights, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR 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 IN THE SAME REAL PROPERTY.
Undersigned affirms this document contains NO social security number of any person(s).

Dated November 4, 2016.

Robert E. Hansen, Grantor

State of Nevada }
County of..Carson..... }

DEBORAH G. SUMNER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 04-02-19
Certificate No: 99-55313-3

Subscribed/Sworn to before me, Notary Public in and for Carson County, Nevada, on November 4, 2016, by Robert E. Hansen, Grantor, identified personally appearing, who signed and executed this document.

.....

EXHIBIT "A"

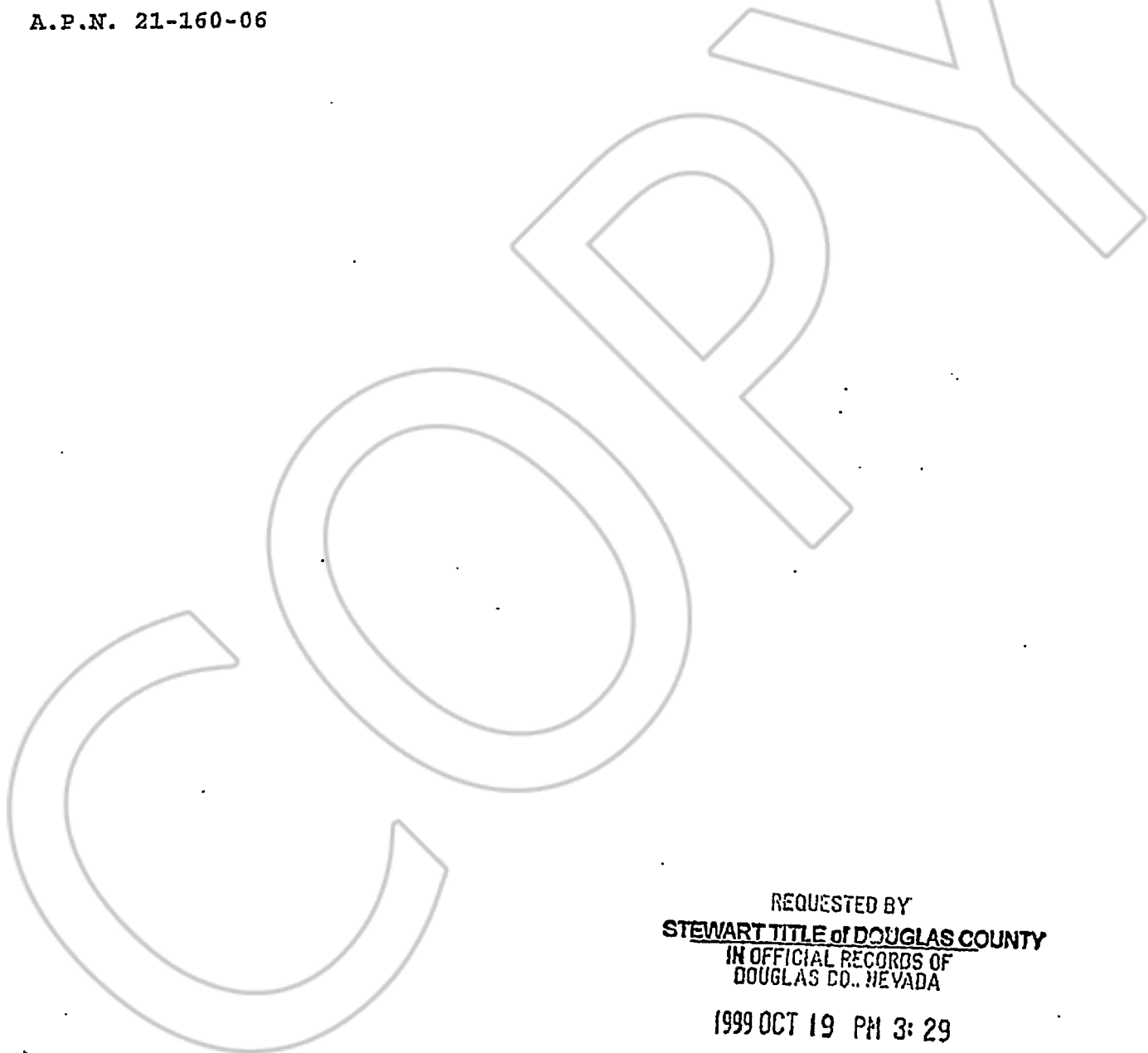
LEGAL DESCRIPTION

ESCROW NO.: 99041970

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

The West 132 feet of the East 396 feet of the South 330 feet of
the Southwest one-quarter of the Southwest one-quarter of
Section 27, Township 14 North, Range 20 East, M.D.B. & M.

A.P.N. 21-160-06



REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 OCT 19 PM 3: 29

LINDA SLATER
RECORDER

SS PAID *KJ* DEPUTY

0479057

BK 1099PG3406

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-27-401-008
 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'/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: \$ 0.00
 Deed in Lieu of Foreclosure Only (value of property) (0.00
 Transfer Tax Value: \$ 0.00
 Real Property Transfer Tax Due: \$ 0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 10
 b. Explain Reason for Exemption: Owner transfers upon future death to his son. no sale. no consideration.

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 Robert E. Hansen Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Robert E. Hansen
 Address: 1408 Stephanie Way
 City: Minden
 State: NV Zip: 89423

Print Name: Robert C. Hansen
 Address: 1408 Stephanie Way
 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)