

19-

A.P.N. 1320-29-110-006



KAREN ELLISON, RECORDER E05

RECORDING REQUESTED BY:
Nancy Rey Jackson Ltd.
1591 Mono Avenue
Minden, NV 89423

MAIL DOCUMENTS & TAX STATEMENTS TO:
Nina M. Arbour
430 Ragle Road
Sebastopol, CA 95472

The undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (State specific law):
NRS 111.699 Form of Death of Grantor Affidavit; required documents upon death of grantor.

DEED TRANSFERRING TITLE UPON DEATH OF GRANTOR

Pursuant to the Order Transferring Title to Home and Terminating Guardianship entered in the Ninth Judicial District Court, in and for Douglas County, State of Nevada, on November 29, 2016, Co-Guardians of the Estate of Paul E. Arbour, Sr., NINA M. ARBOUR, THERESE V. ARBOUR, MATTHEW B. ARBOUR and DANIELLE C. LEDESMA, being duly sworn, depose and say that PAUL E. ARBOUR, SR., the decedent mentioned in the Certificate of Death attached hereto as "EXHIBIT A," is the same person as PAUL E. ARBOUR, SR., named as the grantor in the Deed Upon Death recorded on January 4, 2013, as document number 0815722, book 0113, at page 946, records of Douglas County, Nevada, covering the real property commonly known as 1788 Lantana Drive, City of Minden, County of Douglas, State of Nevada, and more particularly described as:

LOT 423, IN BLOCK C, AS SHOWN ON THE FINAL MAP NO. 1008-8 FOR WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 11, 1997, IN BOOK 997, OF OFFICIAL RECORDS AT PAGE 2125, AS DOCUMENT NO. 421412.

Nina M. Arbour, Therese V. Arbour, Matthew B. Arbour and Danielle C. Ledesma, as tenants in common, are the beneficiaries to whom the real property is conveyed upon the death of the grantor and pursuant to the Order Transferring Title to Home and Terminating Guardianship entered November 29, and filed for record in the office of the county recorder of Douglas County, Nevada, recorded on December 8, 2016, in book N/A of Official Records at page N/A, as document number 2016-891820.

This deed may be executed in any number of counterparts. All counterparts together shall constitute a single document.

"EXHIBIT A"

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH—VITAL STATISTICS

CERTIFICATE OF DEATH

2012020264

STATE FILE NUMBER

Form with sections: DECEASED, PARENTS, DISPOSITION, TRADE CALL, CERTIFIER, REGISTRAR, CAUSE OF DEATH. Includes fields for name, date of death, location, occupation, and cause of death.

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

Date Issued: DEC 27 2012

_____ (Signature)

_____ (Date)

NINA M. ARBOUR

Co-Guardian of the Estate of Paul E. Arbour, Sr.

Danielle C. Ledesma (Signature)

December 2, 2016 (Date)

DANIELLE C. LEDESMA

Co-Guardian of the Estate of Paul E. Arbour, Sr.

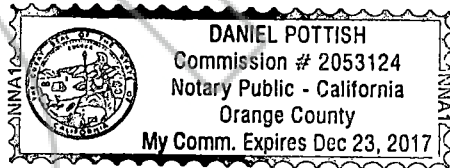
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of ORANGE } ss:

Subscribed and sworn to (or affirmed) before me, a Notary Public on this 2 day of DECEMBER, 2016, by DANIELLE C. LEDESMA who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature: [Signature]
NOTARY PUBLIC



State of California }

County of _____ } ss:

Subscribed and sworn to (or affirmed) before me, a Notary Public on this _____ day of _____, 2016, by _____ who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature: _____
NOTARY PUBLIC

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-29-110-006
 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: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 5
 b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the Grantor - NRS 111.055 to 111.699, inclusive transfer to children per estate court order.

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 [Signature] Capacity Secretary/Grantee Attorney
LARRE M. JACKSON

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Nina M. Arbour, Co-Guardian et al
 Address: 430 Ragle Road
 City: Sebastopol
 State: CA Zip: 95472

Print Name: Nina M. Arbour, Therese V. Arbour, Matthew B. Arbour and Danielle C. Ledesma
 Address: 1788 Lantana Drive
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Nancy Rey Jackson, Ltd. Escrow # _____ Tel. No. (775) 782-4611
 Address: 1591 Mono Avenue
 City: Minden State: NV Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)