

15'

When recorded Mail to:

Don & Karen Hall
2814 Esaw Street
Minden, Nevada 89423

APN 1420-26-401-027



00049459201708935230030039

KAREN ELLISON, RECORDER

E10

DEED UPON DEATH

We, Donald Steven Hall and Karen Ann Hall hereby convey to Shannon Diane Litz and Erica Marie Hall, effective on our death, all right, title and interest in the real property commonly known as 2814 Esaw Street, City of Minden, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

BEING A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M., DESCRIBED AS FOLLOWS:

PARCEL 2, AS SET FORTH ON PARCEL MAP FOR GLORIA P. LOHNER, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 4, 1990, IN BOOK 490, PAGE 558, DOCUMENT NO. 223327.

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

THIS DEED IS REVOCABLE, THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR(S). THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR(S) 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(S) IN THE SAME REAL PROPERTY.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

..... 1-18-17 (DATE)

..... Donald Steven Hall (SIGNATURE)
Donald Steven Hall

..... 1/18/2017 (DATE)

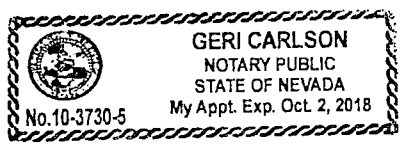
..... Karen Ann Hall (SIGNATURE)
Karen Ann Hall

State of Nevada }
County of Douglas } ss.

Subscribed and sworn to on this 18 day of Jan, in the year 2017, before me,
Gerri Carlson, by Donald Steven Hall and Karen Ann Hall.

On this 18 day of Jan, in the year 2017, before me, Gerri Carlson, personally appeared, Donald Steven Hall and Karen Ann Hall, 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 or she executed it.

..... Gerri Carlson (Signature of Notary Public)
NOTARY SEAL



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-26-401-027
 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 # 10
 b. Explain Reason for Exemption: deed upon death to children

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 Karen Ann Hall Capacity grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Karen Hall
 Address: 2814 ESRAW ST
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: SAME
 Address: _____
 City: _____
 State: _____ Zip: _____

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)