

APN #: 1220-24-601-046
After recording, please return document
and send tax statements to:

DIANE THOMURE
1969 MULE LANE
GARDNERVILLE, NV.
89410



KAREN ELLISON, RECORDER

E10

DEED UPON DEATH
Pursuant to NRS §§ 111.655-111.699

I, ("Owner")

DIANE M. THOMURE, AKA DIANE MAUROY THOMURE
an unmarried woman

hereby convey to ("Beneficiary")

DEE WAYNE CLEVENGER,
an unmarried man

effective on my death, all right, title and interest in the real property commonly known as
1969 MULE LANE, City of GARDNERVILLE,
County of DOUGLAS, State of Nevada, and more particularly described as:

SEE ATTACHED EXHIBIT "A"

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.

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

IN WITNESS WHEREOF, the said parties have signed and sealed these presents this 31 day of January, 2017

Diane M. Thomure
Signature
DIANE M. THOMURE
Print name

Capacity

Signature

Print name

Capacity

STATE OF NEVADA }

COUNTY OF DOUGLAS }

On this 31st day of JANUARY, in the year 2017, before me, Jodi O Stovall, personally appeared DIANE M THOMURE, 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.

Jodi O Stovall
Notary Public
Jodi O Stovall
Print name
My commission expires: 8-5-20

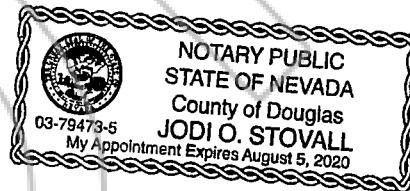


EXHIBIT 'A'

PARCEL 1:

PARCEL C, AS SHOWN ON THAT PARCEL MAP FOR PHIL SULLIVAN, RECORDED JUNE 16, 1980, IN BOOK 680 OF OFFICIAL RECORDS, AT PAGE 1330, AS DOCUMENT NO. 45330, DOUGLAS COUNTY, NEVADA, BEING A PARCEL MAP OF LOT 6, AS SHOWN ON THE OF RUHENSTROTH RANCHOS SUBDIVISION, RECORDED APRIL 14, 1965, AS DOCUMENT NO. 27706, AND AS SAID LOT 6 SHOWN ON THE AMENDED MAP OF RUHENSTROTH RANCHOS SUBDIVISION, RECORDED MARCH 11, 1976, AS DOCUMENT NO. 88873, BOTH OFFICIAL RECORDS OF DOUGLAS, COUNTY, STATE OF NEVADA.

PARCEL 2:

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR ROAD AND UTILITY PURPOSES OVER AND ACROSS THE NORTH 25 FEET OF PARCELS A & B, AS SET FORTH ON SAID PARCEL MAP.

A.P.N. 1220-24-601-046

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a. 1220-24-601-046
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
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. a. Total Value/Sales Price of Property \$ _____
b. Deed in Lieu of Foreclosure Only (value of property) (_____)
c. Transfer Tax Vaule \$ _____
d. 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

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 the 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: Diane Thomure

Capacity: GRANTOR

Signature: _____

Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: DIANE THOMURE
Address: 1909 MULE LANE
City: GARDNERVILLE
State: NV Zip: 89410

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: DIANE THOMURE
Address: 1909 MULE LANE
City: GARDNERVILLE
State: NV Zip: 89410

COMPANY REQUESTING RECORDING

Print Name: _____

Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____