

APN: 1320-29-212-004

Prepared By:
Carole Jean Ojanpera
1725 Lantana Drive
Minden, Nevada 89423-5103



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KAREN ELLISON, RECORDER

E10

After Recording Return To:
Carole J Ojanpera
1725 Lantana Drive
Minden, Nevada 89423-5103

DEED UPON DEATH

I, Carole J Ojanpera, a single person and GRANTOR, hereby convey to, in the following order of acceptance,

DOUGLAS J. REYNOLDS, residing on this date at 1111 Wisteria Dr., Minden, Nevada 89423,

OR

JENNIFER RAMELLA, residing on this date at 1582 Mono Avenue, Minden, Nevada 89423,

effective upon my death, all right, title and interest in the real property commonly known as 1725 Lantana Drive, City of Minden, County of Douglas, State of Nevada and more particularly described as:

Lot 101, Block D, as set forth in the Map of WINHAVEN, UNIT NO. 1, a planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989, as Document No. 194373. APN: 1320-29-212-004, 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. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR [DC Doc Numbers: 0832808 & 890391] WHICH CONVEY THE SAME REAL PROPERTY, REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE ENTIRE INTEREST OF THE GRANTOR IN THE SAME REAL PROPERTY.

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

Tax Parcel Number: APN: 1320-29-212-004

Mail Tax Statements To:

Carole J Ojanpera
1725 Lantana Drive
Minden, Nevada 89423-5103

Signature and Notary for Quit Claim Deed regarding 1725 Lantana Drive, Minden, Nevada.

Grantor Signature:

DATED: 2/13/17

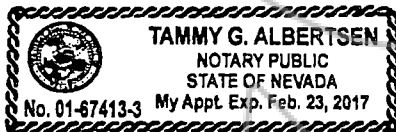
Carole J Ojanpera
Carole J Ojanpera
1725 Lantana Drive
Minden, Nevada 89423-5103

STATE OF NEVADA, COUNTY OF CARSON CITY, ss:

This instrument was acknowledged before me on this 13 day of Feb, 2017. Carole J Ojanpera.

Tammy G. Albertsen
Notary Public

My commission expires 2/23/17



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) APN 1320-29-212-004
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: PROPERTY TO #1 BROTHER OR #2 FRIEND

5. Partial Interest: Percentage being transferred: 100 %

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 C. Ojanpera Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Carole Jean Ojanpera
Address: 1725 Kantank Dr
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)