DOUGLAS COUNTY, NV Rec:\$14.00 Total:\$14.00

2017-899381 05/31/2017 02:11 PM

Pgs=2

SUSETTE GAGHAGEN



KAREN ELLISON, RECORDER

APN: 1022-09-002-034

Recording request by, mail documents and tax statements to: (prepared online)

Juanita G. Gaaghagen

PO Box 213, Gardnerville, Nevada 89410 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, Juanitia G. Gaghagen, do now make this Deed upon Death, whereas I as Grantor do hereby now convey, give, and bequeath to my Grantee, Susette L. Gaghagen, my daughter 100% in full of my land home and property, so effective upon my death, said property which shall be transferred to my Grantee the following real property known as 3650 Slate Road, Wellington, Douglas County, Nevada, legally described as: See legal description attached and referenced herein as:

"Lot 31, Block O, as shown on the map of Topaz Ranch Estates Unit No. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of maps, page 224, as Document No. 50212"

I affirm that my daughter, Susette L. Gaghagen, shall inherit my property described above as my Grantee upon my death, as my beneficiary to whom said real property shall be fully conveyed upon my death, with all improvements, tenements, hereditaments, appurtenances, easements and 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 July Quais

State of Nevada

**NOTARY PUBLIC** STATE OF NEVADA My Commission Expires: 04-02-19 Certificate No: 99-55313-3

Subscribed/Sworn to before me, Notary Public in Month County, Nevada, on Miles 2016, by Juanitia G. Gaghagen, identified personally appearing, who signed this document. Debsephsmen com expires 4-2-2319.

STATE OF NEVADA	
DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	
a) 1 <del>00</del> 2-09-002-034	$\wedge$
b)	
c)	\ \
d)	\ \
	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Re	es.
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
	BOOK PAGE
	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES:
i)	
,	
3. Total Value/Sales Price of Property:	\$ 0.00
Deed in Lieu of Foreclosure Only (value of property)	
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: no sale, no	consideration, owner is deeding upon her
future death to her daughter.	
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	
	intiate the information provided herein. Furthermore, the
	ption, or other determination of additional tax due, may
result in a penalty of 10% of the tax due plus interes	
result in a penalty of 1070 of the tax due plus interes	t de 170 per montin.
Pursuant to NRS 375.030, the Buyer and Seller shall be join	intly and severally liable for any additional amount owed.
Signature Guanelott. Naghagen	Capacity Grantor J. G. Gaghagen
	0050 01 / D 100444
Signature	Capacity3650 Slate Road 89444
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
hands O Orchann	Susette Gaghagen
Print Name: Juanita G. Gaghagen	Print Name:
Address: PO Box 213 /	Address: PO Box 213
City: Gardnerville	City: Gardnerville
State: NV Zip: 894/0	State: NV Zip: 894/0
COLOR AND MEDICAL PRODUCTION OF CORDINA	
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	T
Print Name:	Escrow #
Address:	
City: State:	Zip:
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)	