

Assessor's Parcel Number: 1022-14-001-003)
RECORDING REQUESTED)
AND RETURN TO:)
Patricia A. Souza)
P.O. Box 790)
Minden, NV 89423)
MAIL TAX STATEMENTS TO:)
Patricia A. Souza)
P.O. Box 790)
Minden, NV 89423)



(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

DEED UPON DEATH

I, **PATRICIA A. SOUZA**, an unmarried woman, hereinafter referred to as "Grantor," do hereby convey unto my children, **JOHN J. SOUZA, JULIE SOUZA COSTA and JAMES J. SOUZA**, hereinafter referred to as "Grantees," as joint tenants with right of survivorship, effective upon the death of the Grantor, all right, title and interest in the real property, Assessor's Parcel Number: 1022-14-001-003, County of Douglas, State of Nevada, and more particularly described as:

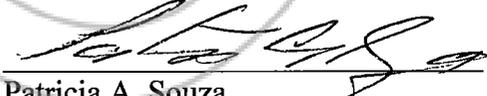
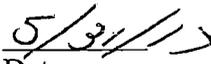
All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 17, in Block A, 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.

TOGETHER WITH all improvements, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversion, 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.


Patricia A. Souza

Date

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1022-14-001-003
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

FOR RECORDERS OPTIONAL USE ONLY	
Notes:	_____

3. Total Value/Sales Price of Property:

	\$	_____
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: _____
Deeds Upon Death are exempt from real property transfer tax under NRS 375.090(10).

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 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 *Patricia A. Souza* Capacity Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Patricia A. Souza
 Address: P.O. Box 790
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: *SAMIE*
 Address: _____
 City: _____
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____