

15-

APN# 1420-34-410-001



Recording Requested by/Mail to:

Name: Arthur C Flynn Jr.
Address: 2643 Clapham Lane
City/State/Zip: Minden, NV 89423

KAREN ELLISON, RECORDER E10

Mail Tax Statements to:

Name: Same
Address: _____
City/State/Zip: _____

Deed upon Death

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

DEED UPON DEATH

Brian J. Flynn
Kevin M. Flynn
Darin M. Flynn

Arthur C. Flynn Jr.

(We) Barbara C. Flynn hereby convey to Erin C. Flynn Gonzales effective on my (our) death, all right, title and interest in the real property commonly known as 2643 Clapham Ln, City of Minden, County of Douglas, State of Nevada, or located in the County of _____, State of Nevada,

and more particularly described as: Lot 9 in Block 1, as shown on the map of the Artemisia Re-Subdivision, filed in the office of the County Recorder (Legal Description) April 23, 1962, as Document No. 19909, Official Records of Douglas County, State of Nevada.

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.

8.24.2017

(Date)

Arthur C. Flynn Jr.

(Signature)

Barbara C. Flynn
Barbara C. Flynn

State of Nevada }

} ss.

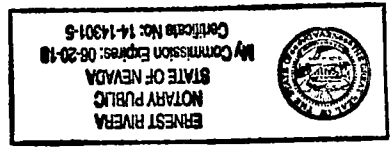
County of Douglas }

Subscribed and sworn to on this 24 day of August in the year 2017, before me, Ernest Rivera, by Arthur & Barbara Flynn

On this 24 day of August in the year 2017, before me, Ernest Rivera, personally appeared Arthur & Barbara Flynn personally known to me to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

[Signature]

(Signature of Notary Public)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-34-410-001
 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 becomes effective on our deaths.

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 [Handwritten Signature] Capacity OWNER

Signature [Handwritten Signature] Capacity owner

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: ARTHUR C. FLYNN
 Address: 2643 CHAPMAN LN
 City: MOORE
 State: NV Zip: 89423

Print Name: _____
 Address: [Handwritten]
 City: [Handwritten]
 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)