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DOUGLAS COUNTY, NV Rec:\$17.00 Total:\$17.00

V 2017-903601 09/05/2017 02:00 PM

THERESA A. SWEENEY

Pas=5

APN #: 1320-33-817-019 Recording Requested By:

08/29/2017

**Return Documents to:** 

Name: Theresa A. Sweeney Address: 1841 50<sup>th</sup> Street

City/State/Zip: Sacramento, CA, 95819

Send Tax Statements to: Name: Monica A. Knight Address: 1841 50<sup>th</sup> Street

City/State/Zip: Sacramento, CA 95819



KAREN ELLISON, RECORDER

E10

#### TRANSFER ON DEATH DEED

### KNOW ALL MEN BY THESE PRESENTS THAT:

I, **Theresa A. Sweeney**, an individual, unmarried, hereinafter referred to as "Grantor", do hereby convey unto the Grantees as designated below, effective on my death, the following land and property, together with all improvements located thereon, lying in the County of Douglas, State of Nevada, to-wit:

Single Family Dwelling at 1381 Brooke Way, Gardnerville, NV 89410

## Grantees:

Kevin Scott Knight 7008 8<sup>th</sup> Avenue Tahoma, CA 96142 (Ph) 805-708-6867

Monica Ann Knight 1841 50<sup>th</sup> Street Sacramento, CA 95819 (Ph) 775-901-0817

This transfer on death deed is revocable. This transfer on death deed does not transfer any ownership until the death of the grantor. This transfer on death deed revokes all prior deeds by the grantor which convey the same real property pursuant to subsection 1 of NRS 111.109 regardless of whether the prior deeds failed to convey the grantor's entire interest in the same real property.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' heirs and assigns forever, with all appurtenances thereunto belonging.

## WITNESS Grantor hand this the 29 day of August, 2017.

Sh Qcf
Signature $U$
Theresa A. Sweeney
Print Name
ore me on,
(Date)
Notary Public, State of
Print or Type Name

Theresa A. Sweeney 1841 50<sup>th</sup> Street Sacramento CA 95819

# **CALIFORNIA ALL- PURPOSE** CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached. and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of SOCYTOMOSTO	3
On September 12 2014 before me,	Daviel Kelly notary public.
personally appeared Thomaso	To sweening
	actory evidence to be the person(s) whose
, ,	instrument and acknowledged to me that
<del>-</del>	er/their authorized capacity(ies), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	e instrument.
I certify under PENALTY OF PERJURY	under the laws of the State of California that
the foregoing paragraph is true and cor	
	DANIEL KELLY
WITNESS my hand and official seal.	Comm. #2184795 K
VITTALOGITY Mand and Ostolal Seal.	Sacramento County
$\downarrow \qquad \qquad$	Comm. Expires Feb 26, 2021
Notary Public Signature (No	tary Public Seal)
Notary Public Signature (No	lary Fublic Seaty
ADDITIONAL OPTIONAL INFORMATI	ON THE INSTRUCTIONS FOR COMPLETING THIS I
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledges
A Market Control	from other states may be completed for documents being sent to that as the wording does not require the California notary to violate Cal
I vouster on your year	law.
(Title or description of attached document)	<ul> <li>State and County information must be the State and County when signer(s) personally appeared before the notary public for acknowledge.</li> </ul>
(Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date ///	<ul> <li>The notary public must print his or her name as it appears we commission followed by a comma and then your title (notary publ</li> </ul>
	<ul> <li>Print the name(s) of document signer(s) who personally appear</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	notarization.  • Indicate the correct singular or plural forms by crossing off inco
☐ Individual (s)	he/she/they, is /ere ) or circling the correct forms. Failure to correct information may lead to rejection of document recording.
☐ Corporate Officer	<ul> <li>The notary seal impression must be clear and photographicall</li> </ul>
(Title)	Impression must not cover text or lines. If seal impression smud sufficient area permits, otherwise complete a different acknowledg
☐ Partner(s)	<ul> <li>Signature of the notary public must match the signature on file w</li> </ul>
T Attorney-in-Fact	the county clerk.

2015 Version www.lNotaryClasses.com 800-873-9865

Trustee(s)

Other

#### THIS FORM

ng notary wording and, t. Acknowledgments t to that state so long late California notary

- ty where the document cknowledgment.
- sonally appeared which
- ears within his or her ary public).
- appear at the time of
- off incorrect forms (i.e. o correctly indicate this
- aphically reproducible. n smudges, re-seal if a owledgment form.
- n file with the office of
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- · Securely attach this document to the signed document with a staple.

## **EXHIBIT A**

Order No.: 040300853

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 19, in Block D, as set forth on FINAL SUBDIVISION MAP No. 1006-12 for CHICHESTER ESTATES, PHASE 12, filed in the office of the County Recorder of Douglas County, Nevada and recorded January 8, 2004 in Book 0104, Page 2012, as Document No. 601490.

ASSESSOR'S PARCEL NO. 1320-33-817-019

DECLARATION OF VALUE  1. Assessor Parcel Number(s) a) 1320-33-817-019 b) c) d)  2. Type of Property: a) Vacant Land b) Vacant Res. c) Condo/Twnhse d) d) Single Fam. Res. c) Condo/Twnhse d) d) Agricultural h) Mobile Home g) Apt. Bldg f) Comm'l/Ind'l g) Agricultural h) Mobile Home g) Composition 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: Transfer Deed Upon Death  5. Partial Interest: Percentage being transferred: b. Explain Reason for Exemption: Transfer Deed Upon Death  5. Partial Interest: Percentage being transferred:  5. Partial Interest: Percentage being transferred:  6. 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.  Signalure  Capacity  OWner  Seller (GRANTOR) INFORMATION  (REQUIRED)  Print Name: Address: Sate: Zip: COMPANY/PERSON REQUESTING RECORDING  (required if not the seller or buyer)  Print Name: Address: State: Zip: Zip: Zip: CASA PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)	STATE OF NEVADA	
a) 1320-33-817-019 b) c) d)  2. Type of Property: a)   Vacant Land   b)   Z Single Fam. Res. c)   Condo/Twnhse d)   2-4 Plex   BOK   PAGE   Apt. Bldg   Apt. Bldg   Dother   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: Transfer Deed Upon Death  5. Partial Interest: Percentage being transferred:		
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