



KAREN ELLISON, RECORDER

E10

APN# 1420-35-311-026

Recording Requested by/Mail to:

Name: FRANK & KATHY STIPE

Address: 1661 CROWNE WAY

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

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

We FRANK TILFORD STIPE III & KATHY MAUREEN STIPE hereby convey to FRANK TILFORD STIPE IV, effective on our death, all right, title and interest in the real property commonly known as 1661 CROWNE WAY, or located in the County of DOUGLAS, State of Nevada, and more particularly described as:

ASSESSOR PARCEL NUMBER: 1420-35-311-026

LEGAL DESCRIPTION: Lot 130, as set forth on the Final Subdivision Map FSM # 094-04-03 for SKYLINE RANCH PHASE 3 filed for record with the Douglas County Recorder on July 5, 2005 in Book 0705, of Official Records, Page 1491, as Document No. 648689.

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 SECTIONS 2 TO 27, INCLUSIVE, OF THIS ACT, 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.

Frank T. Stipe III (Signature) 9/8/2017 (Date)
FRANK T. STIPE III

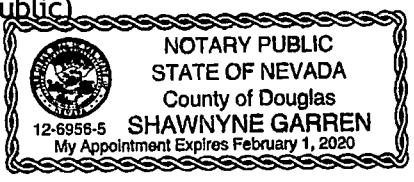
Kathy M. Stipe (Signature) 9/8/2017 (Date)
State of Nevada KATHY M. STIPE
County of DOUGLAS

Subscribed and sworn to on this 8th day of September, in the year 2017, before me,
Shawnyne Garren, by FRANK TILFORD STIPE III & KATHY MAUREEN STIPE.

On this day of, in the year, before me,, personally appeared FRANK TILFORD STIPE III & KATHY MAUREEN STIPE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Shawnyne Garren (Signature of Notary Public)

NOTARY SEAL



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 142035311026
 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 Upon Death

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 Frank T. Stipe III Capacity owner

Signature Kathy Maureen Stipe Capacity owner

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Frank Tilford Stipe III
Kathy Maureen Stipe
 Address: 1661 Crowne Way
 City: Minden
 State: Nevada Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Frank Tilford Stipe III
Kathy Maureen Stipe
 Address: 1661 Crowne Way
 City: Minden
 State: Nevada Zip: 89423

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)