

APN# 1420-34-310-022



KAREN ELLISON, RECORDER E03

Recording Requested by/Mail to:
Name: Patton M. Burton
Address: PO Box 823
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:
Name: Patton M. Burton
Address: PO Box 823
City/State/Zip: Minden, NV 89423

Deed Upon Death

Title of Document (required)

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

The undersigned hereby affirms that the document submitted for recording
DOES contain 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
Patton M. Burton

Printed Name

This document is being (re-)recorded to correct document # 2018-912438, and is correcting
the legal description of the property

APN: 1420-34-310-022

RECORDING REQUESTED BY:

Patton M. Burton
P.O. Box 823
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Patton M. Burton
P.O. Box 823
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEED UPON DEATH

THIS INDENTURE WITNESSETH: That on this 6th day of April, 2018, PATTON M. BURTON, a widower, does hereby convey to N. DAVID KILLGORE, a married man as his sole and separate property, effective upon the death of the Grantor, the following described real property in the County of Douglas, State of Nevada:

Lot 2 in Block 2 of Re-subdivision of Portions of Artemisia Subdivision Douglas County, Nevada, according to the official plat thereof, in the office of the Douglas County Recorder, State of Nevada, on April 25, 1962 under File No. 19909.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS 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.

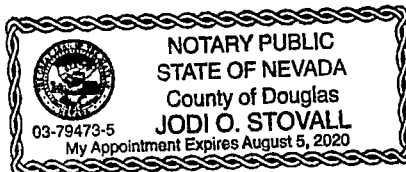
IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Patton M. Burton
Patton M. Burton

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 6th day of APRIL, 2018, by Patton M. Burton.

Jodi O. Stovall
Notary Public



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-34-310-022
 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 # 3
 b. Explain Reason for Exemption: Deal upon Death Correcting Legal Desc on DOE # 912438

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 Patton M. Burton Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: PATTON M BURTON
 Address: PO BOX 823
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Same
 Address: _____
 City: _____
 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)