

APN# 1320-29-610-015



Recording Requested by/Mail to:

Name: Deborah Williams
Address: 1704 Monticello Court
City/State/Zip: Minden NV 89423

KAREN ELLISON, RECORDER

E10

Mail Tax Statements to:

Name: Deborah Williams
Address: 1704 Monticello Ct
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

Deborah Williams

Printed Name

This document is being (re-)recorded to correct document # 2016-881196 and is correcting

DEED UPON DEATH

I (We) Deborah Williams ^{Tanner Williams 1/3} hereby convey to Bryson Williams, effective on my (our) death, all right, title and interest in the real property commonly known as 1704 Monticello, City of Minden, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada,

and more particularly described as: lot 15 in Block A, as set forth on the final subdivision map for Monterra Phase 1 recorded in the office of Douglas County Recorder, state of Nevada on August 24, 2005 in Book 0805, page 1150 as Document no. 653145 of official records.

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.

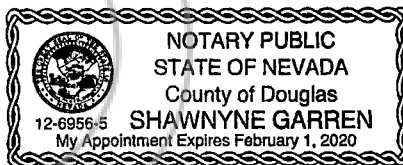
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

10-18-18 (Date)
Deborah Williams (Signature)

State of Nevada }

} ss.

County of Douglas }



Subscribed and sworn to on this 18 day of Oct, in the year 2018 before me, Shawnyne Garren, by Deborah Williams.

On this ___ day of ___, in the year ___, before me, _____, personally appeared _____ personally known to me 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)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-29-010-015
 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: _____ %

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: [Signature] Capacity: owner
 Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Deborah Williams
 Address: 1704 Monticello Ct
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Deborah Williams
 Address: 1704 Monticello Ct
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING
 (required if not the seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____