

APN: 1320-33-817-003 )  
)  
WHEN RECORDED MAIL THIS )  
DOCUMENT AND TAX STATEMENTS )  
)  
TO: )  
Bruce Crosby )  
1453 Harvest Ave. )  
Gardnerville, NV 89410 )



00089017201909274700030032

KAREN ELLISON, RECORDER E10

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

DEED UPON DEATH

I, Bruce Parnell Crosby, hereby convey to Michael Crosby, Carolyn Crosby Forehand, Stephanie Clark, Laurie Hippert and Ronald Jackson, effective on my death, all rights, title and interest in the real property commonly known as 1453 Harvest Ave., Gardnerville, Nv. 89410, County of Douglas, State of Nevada, and more particularly described as:

Lot 3 in Block A, as shown on the Final Map #1006-12 of CHICHESTER ESTATE, PHASE 12, recorded January 8, 2004, in book 1041, of Official Records, at Page 2012, Document No. 601490, Douglas County, 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. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR 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 IN THE SAME REAL PROPERTY.

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

Bruce P. Crosby  
Grantor: Bruce P. Crosby

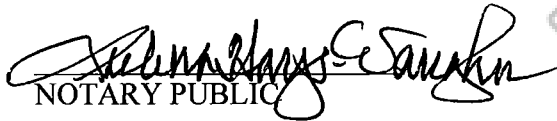
Date: 4/4/19

State of Nevada )  
 ) ss.

County of CARSON CITY

Subscribed and sworn to on this 5<sup>TH</sup> OF NOVEMBER <sup>2018</sup> before me, DEBRA HAYS VAUGHN  
Notary Public, by BRUCE P. CROSBY.

On this NOVEMBER 5, 2018 before me, DEBRA HAYS VAUGHN Notary Public,  
personally appeared BRUCE P. CROSBY 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 executed it.

  
NOTARY PUBLIC



GRANTOR:

\_\_\_\_\_

GRANTEES:

\_\_\_\_\_

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1320-33-817-003  
 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: DIED 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 GRANTOR

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: BROCK CROSBY  
 Address: 1453 HARVEST AVE  
 City: CARDANOVILLE  
 State: NY Zip: 89410

**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)