

APN# 1419-12-610-028



Recording Requested by/Mail to:

Name: Clyde A. Robinson
Address: 3523 CHEROKEE DR.
City/State/Zip: CARSON CITY, NV 89705

KAREN ELLISON, RECORDER E10

Mail Tax Statements to:

Name: _____
Address: SAME
City/State/Zip: _____

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

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

DEED UPON DEATH

I, Clyde Anthony Robinson hereby convey to Carly A. Robinson, effective on my death, all right, title and interest in the real property commonly known as 3523 Cherokee Drive, City of Carson City, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as: Legal Description: LOT 20, AS SHOWN ON THE MAP OF VALLEY VIEW UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 6, 1964, DOCUMENT NO. 24786

Tax Parcel/APN # 1419-12-610-028

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.

..... 3/3/2020 (Date)

Clyde Anthony Robinson (Signature)

State of Nevada }

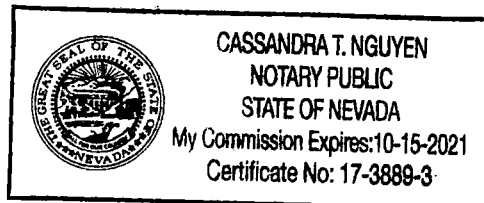
} ss.

County of *Carson City* }

On this *3rd* day of *March*, in the year *2020*, before me, *CASSANDRA NGUYEN* (here insert name of notary public), personally appeared *CLYDE ROBINSON A.* (here insert name of principal) 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.

[Signature] (Signature of Notary Public)

NOTARY SEAL



STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)

- (a) 1419-12-610-028
 (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

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 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 Clyde A. Robison Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Clyde Robinson

Address: 3523 CHEROKEE DR.

City: CARSON CITY, NV

State: NV Zip: 89705

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____

Address: SAME

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)