

APN# 142007616041



Recording Requested by/Mail to:

Name: KATHY LEE WATERS

KAREN ELLISON, RECORDER

E03

Address: 963 Opalite Dr.

City/State/Zip: CARSON city, NV 89705

Mail Tax Statements to:

Name: Same (NO change to your records)

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
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)

K

Signature

Printed Name

This document is being (re-)recorded to correct document # 2020-951308, and is correcting

APN: 1420-07-616-041

WHEN RECORDED MAIL TO AND
TAX STATEMENTS TO:

KATHY LEE WATERS
963 OPALITE DR.
CARSON CITY, NV 89705
(775)350-9888

DEED UPON DEATH

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

I, KATHY LEE WATERS, a single woman, do hereby convey to my sister, KAROLE LOU LEWIS, effective upon our death, all right, title and interest in the real property commonly described as 963 OPALITE DR., CARSON CITY, NV 89705, and more particularly described as:

LOT 91, IN BLOCK B, OF HIGHLAND ESTATES UNIT NO. 2, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JANUARY 27, 1978 IN BOOK 179, PAGE 1633, AS FILE NO. 17090.

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 GRANTORS 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 GRANTORS IN THE SAME REAL PROPERTY.

Kathy Lee Waters
KATHY LEE WATERS

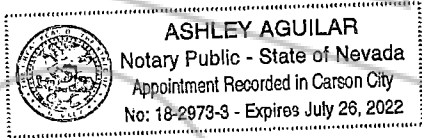
9/21/2020
Date

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to on this 2nd day of September, in the year 2020,
before me, Ashley Aguilar, Notary Public, by KATHY LEE WATERS



NOTARY PUBLIC



COOPER

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) 142007616041
 (b) _____
 (c) _____
 (d) _____

2. Type of Property:

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> 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: 3

b. Explain Reason for Exemption: Died Upon Death

5. Partial Interest: Percentage being transferred: Correction

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 Kathy L Waters Capacity Grantor

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)

Print Name: Kathy L. Waters

Address: 963 Opalite Dr.

City: Carson City, NV

State: NV Zip: 89705

BUYER (GRANTEE) INFORMATION
 (REQUIRED)

Print Name: _____

Address: _____

City: SAME

State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____