

APN# 1320-32-715-016



Recording Requested by/Mail to:

Name: Day R. Williams, Esq.
Address: 1601 Fairview Dr. #C
City/State/Zip: Carson City, NV 89701

KAREN ELLISON, RECORDER E10

Mail Tax Statements to:

Name: Susan R. Cadigan
Address: 418 North Eighth Street
City/State/Zip: Hamilton, MT 59840

Deed Upon Death (NRS 111.655-111.699)

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

Susan R. Cadigan

Printed Name

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

APN 1320-32-715-016

MAIL TAX STATEMENTS TO:

Susan R. Cadigan
418 North Eighth St.
Hamilton, MT 59840

DEED UPON DEATH (NRS 111.655-111.699)

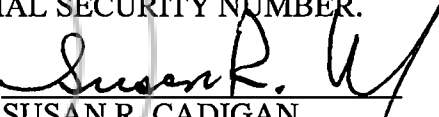
I, Susan R. Cadigan, an unmarried woman, hereby convey to Andrea Celoni-Para, 1317 Olive Ave., Novato, CA 94945; effective upon my death, all rights, title and interest in the following real property situated in Douglas County, State of Nevada, commonly known as 1520 South Ct., Gardnerville NV 89410, bounded and described as follows:

Lot 7, Block B, as said lot and block are shown on the map of CENTERTOWNE SUBDIVISION P.U.D., filed for record in the office of the County Recorder of Douglas County, Nevada, on November 4, 1977 as Document No. 14725.

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.

I, Susan R. Cadigan, make this transfer as a gift and without consideration.

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.




SUSAN R. CADIGAN

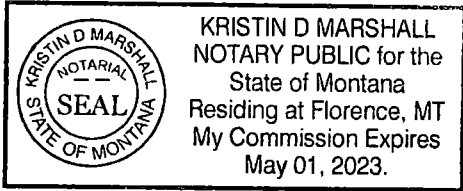
STATE OF MONTANA)
 SS
RAVALLI COUNTY)

On May 19, 2021 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Susan R. Cadigan personally known to me to be the person whose name is described in the within instrument and acknowledged to me that she executed it.

WITNESS my hand and Official Seal,



NOTARY PUBLIC



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-32-715-016
 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: The conveyance becomes effective upon the death of the grantor.

5. Partial Interest: Percentage being transferred: 100.00 %

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 Susan R. Cadigan Capacity Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Susan R. Cadigan
 Address: 418 North Eighth Street
 City: Hamilton
 State: MT Zip: 59840

Print Name: Susan R. Cadigan
 Address: 418 North Eighth Street
 City: Hamilton
 State: MT Zip: 59840

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Day Williams ESG - Escrow # _____
 Address: 1601 Fairview Dr. # 20
 City: Carson City State: NV Zip: 89701

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)