

APN: 1220-09-810-022

After Recording Mail to:

Linda K. Martin
999 Arrowhead Dr.
Gardnerville, NV 89460

Mail Tax Statements to:

Same as above



00142894202109746330030038

KAREN ELLISON, RECORDER

E10

The undersigned affirms that this document does not contain the social security number of any person. (NRS 239B.030).

TRANSFER ON DEATH DEED

By this instrument, LINDA K. MARTIN, a widow, Grantor, transfers upon her death to JULIE WOODARD, an unmarried woman, and DAVID WOODARD, a single man, as joint tenants with rights of survivorship, as Grantee Beneficiaries, the following described real property in the County of Douglas, State of Nevada:

Lot 359 of Gardnerville Ranchos Unit No. 2, according to the map thereof, filed in the Office of County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, as Document No. 28309 and Title Sheet amended on June 4, 1965, as Document No. 28377.

Per NRS 111.312, this legal description was previously recorded at Document No. 2018-914207, on May 15, 2018.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantee.

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.

IN WITNESS WHEREOF, the Grantor execute this conveyance on the 24th day of September, 2021.

Linda K. Martin
LINDA K. MARTIN

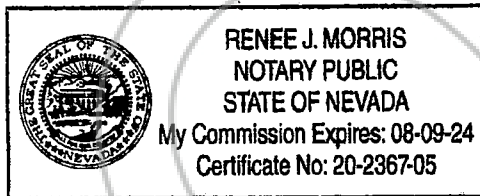
ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On September 24, 2021, before me, Renee J. Morris, Notary Public, personally appeared LINDA K. MARTIN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Renee J. Morris
NOTARY PUBLIC

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1220--09-810-022
- 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): \$ -0-

Transfer Tax Value: \$ -0-

Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
- b. Explain Reason for Exemption: This is a transfer without consideration that is not effective until the death of the Grantor

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: Linda K. Martin Capacity: Grantor

Signature: Julie Woodard Capacity: Grantee

SELLER (GRANTOR) INFORMATION (Required)

Print Name: Linda K. Martin

Address: 999 Arrowhead Dr.

City/State/Zip: Gardnerville, NV 89460

BUYER (GRANTEE) INFORMATION (Required)

Print Name: Julie Woodard, David Woodard

Address: 999 Arrowhead Dr.

City/State/Zip: Stateline, NV 89460

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____

Address: P.O. Box 1987

City: Minden State: NV Zip: 89423

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book:	_____ Page: _____
Date of Recording:	_____
Notes:	_____