

Recorded at the request of:
Mark A. Winter
801 N. Division
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
Jennifer J. Combs
1425 Red Cedar Ave
Gardnerville, NV 89410



KAREN ELLISON, RECORDER E10

DEED UPON DEATH

APN: 1220-03-210-064

Jennifer J. Combs, a single woman, does hereby convey to Rachel L. Combs, effective on my death, all right, title and interest in that real property situated in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY SAID REFERENCE

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

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 CONVEYS 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.

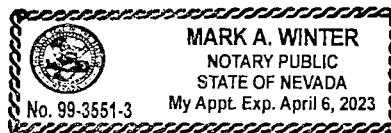
Witness my hand on this 1st day of November, 2021.

Jennifer J. Combs

STATE OF NEVADA)
): ss.
CARSON CITY)

On November 21, 2021, personally appeared before me, a Notary Public, Jennifer J. Combs who acknowledged to me that she executed the above document.

Notary Public



Lot 36, Block G, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for Arbor Gardens, Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 18, 2002, Book 1002, Page 8115, as Document No. 555262, and by Certificate of Amendment recorded February 20, 2003, in Book 0203, at Page 7818, as Document No. 567590, and September 28, 2004 in Book 904, at Page 11209, as Document No. 625221.

APN: 1220-03-210-064

EXHIBIT "A"

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1220-03-210-064
 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 |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property (_____))
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ 00.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 10
 b. Explain Reason for Exemption: TRANSFER WITHOUT CONSIDERATION BY DEED WHICH BECOMES EFFECTIVE UPON THE DEATH OF GRANTOR TO HER NIECE

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 Jennifer Combs Capacity: INDIVIDUAL GRANTOR
 Signature Jennifer Combs Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: JENNIFER J. COMBS
 Address: 1425 RED CEDAR AVE
 City: GARDNERVILLE
 State: NEVADA Zip: 89410

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: RACHEL L. COMBS
 Address: 39 HOLBROOK STREET
 City: ANSONIA
 State: CONNECTICUT Zip: 06401

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)

Print Name: MARK A. WINTER
 Address: 801 N. DIVISION STREET
 City: CARSON CITY

Escrow # _____
 State: NV Zip: 89703