

RPTT:  
APN: 1420-07-813-012

MAIL RECORDED DOCUMENT TO:  
James Colman  
PO Box 1875  
Gardnerville, NV 89410



KAREN ELLISON, RECORDER E10

MAIL TAX STATEMENT TO:  
James Colman  
PO Box 1875  
Gardnerville, NV 89410

**DEED UPON DEATH**

For valuable consideration, receipt of which is hereby acknowledged, JAMES A. COLMAN does hereby Grant, Sell, Bargain and Convey to JAMES A. COLMAN, a single man, and then upon his death to LYNNEA M. COLMAN and WAYNE A. COLMAN, as joint tenants with right of survivorship, all right, title and interest in the real property commonly known as 988 Hilltop Drive, City of Minden, County of Douglas, State of Nevada, and more particularly described as:

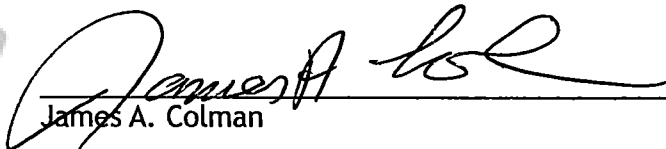
*Lot 10, in Block Q, of the final map of Sunridge Heights, Phases 6B, 7A and 8B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 30, 1996, as Document No. 380052, and Certificate of Amendment recorded February 2, 1996, as Document No. 380351.*

Together with all contents, structures, appliances, fixtures, 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

Dated this 6 day of May, 2022.

  
James A. Colman

///

STATE OF NEVADA )  
 ) SS.  
CARSON CITY )

On this 6 day of May, 2022, before the undersigned, a Notary Public, personally appeared James A. Colman, 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.



  
\_\_\_\_\_  
Notary Public

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 142007813012  
 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: 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 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 [Signature] Capacity GRANTOR  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Jim Colman  
 Address: 9882 Hilltop Dr  
 City: Garland  
 State: NV Zip: 89205

Print Name: SAME  
 Address: \_\_\_\_\_  
 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/MICROFILMED)