

APN# 1420-18-510-032



Recording Requested by/Mail to:

Name: ROBERT E. WILKEN

KAREN ELLISON, RECORDER

E10

Address: 956 RANCHVIEW CIR

City/State/Zip: CARSON CITY NV 89705

Mail Tax Statements to:

Name: SAME

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)

Robert E. Wilken

Signature

ROBERT E WILKEN

Printed Name

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

Deed Upon Death

I Robert E. Wilken hereby convey to Troy R. Wilken, effective on my death, all right, title and interest in the real property commonly known as (mailing address) 956 Ranchview Cir, City of Carson City, County of Douglas, State of Nevada or located in the County of Douglas, and more particularly described as:

Lot 16 in Block N on the Final Map of Sunridge Heights, Phases 7B and 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No 369825, and by a Certificate of Amendment recorded August 14, 1996 in Book Page 896, Page 2588 as Document No 394289. (legal address) 956 Ranchview Cir, City of Minden, Nevada

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and 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 GRANTOR 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 IN THE SAME PROPERTY.

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

9-16-2022 (Date)

Robert E. Wilken (Signature)

State of Nevada

SS Douglas

County of Douglas

Subscribed and sworn to on this 16th day of September in the year 2022 before me
Ana Brantmeyer (notary public), by Robert E. Wilken (principal)

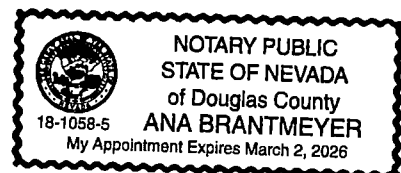
Personally known to me (or proved to me on the basis of satisfactory evidence) to be

The person whose name is subscribed to this instrument, and acknowledged that he or

She executed it.

Ana Brantmeyer (Signature of Notary Public)

Notary Seal



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1420-18-510-032
 - 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: 100 %

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 Robert E. Wilken Capacity GRANTOR

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: ROBERT E. WILKEN
Address: 956 RANCHVIEW CIR
City: CARSON CITY
State: NV Zip: 89705

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)