

Assessor's Parcel #: 1318-15-715-009

Prepared By:

Name: JULIA FRANCES CHULAY
Address: PO BOX 4145
STATELINE NV 89449

After Recording Return To:

Name: JULIA FRANCES CHULAY
Address: PO BOX 4145
STATELINE NV 89449

Mail Tax Statements To:

Name: JULIA FRANCES CHULAY
Address: PO BOX 4145
STATELINE NV 89449



KAREN ELLISON, RECORDER E10

Space above this line for recorder's use only

NEVADA DEED UPON DEATH

I (We), JULIA FRANCES CHULAY, hereby convey to CRYSTAL ANNE LISTNER AND JESSE MICHAEL CHULAY, with a mailing address of PO BOX 4145 STATELINE NV 89449

effective on my (our) death, all right, title and interest in the real property commonly known as 450 McFAUL WAY, City of ZEPHYR COVE, County of DOUGLAS, State of Nevada, or located in the County of DOUGLAS, State of Nevada, and more particularly described as:

LOT 2-3, AS SHOWN ON THE MAP OF ROUNDRIIDGE TOWNHOUSES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON AUGUST 14, 1967, AS DOCUMENT NO. 37524.

APN: 1318-15-715-009

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

The legal description was prepared by _____, residing at _____ (This information is only required if the legal property description is provided in metes and bounds.)

eSign

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.

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.

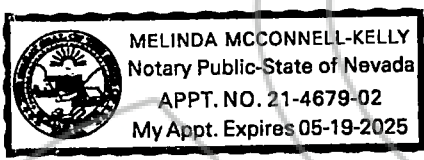
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Owner Signature: Julia Frances Chulay Date: 11-21-2022
Printed Name: JULIA FRANCES CHULAY

Owner Signature: _____ Date: _____
Printed Name: _____

STATE OF Nevada
COUNTY OF Carson City

On this 21st day of November, in the year 2022, before me, Melinda McConnell-Kelly, personally appeared Julia Frances Chulay 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.



Melinda McConnell-Kelly
Notary Public

My Commission Expires: 05-19-2025

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1218-15-715-009
 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: \$ 0

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 Julia Frances Chulay Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: JULIA FRANCES CHULAY
 Address: PO BOX 4145
 City: STATELINE
 State: NV Zip: 89449

Print Name: JULIA FRANCES CHULAY, ETAL
 Address: PO BOX 4145
 City: STATELINE
 State: NV Zip: 89449

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)