

**Assessor's Parcel #:** 1220-15-310-025

**Prepared By:**

Name: CAROL BUTTI  
Address: 1419 MUIR DR  
GARDNERVILLE, NV 89460

**After Recording Return To:**

Name: GARY AND/OR CAROL BUTTI  
Address: 1419 MUIR DR  
GARDNERVILLE, NV 89460

**Mail Tax Statements To:**

Name: GARY AND/OR CAROL BUTTI  
Address: 1419 MUIR DR  
GARDNERVILLE, NV 89460



SHAWNYNE GARREN, RECORDER E10

*Space above this line for recorder's use only*

## NEVADA DEED UPON DEATH

I (We), GARY AND/OR CAROL BUTTI, hereby convey to BRAD BUTTI AND MARK BUTTI, with a mailing address of 4300 HANOVER CT PLANO, TX 75093 AND 1415 BUMBLEBEE DR GARDNERVILLE, NV 89460, effective on my (our) death, all right, title and interest in the real property commonly known as 1419 MUIR DR, City of GARDNERVILLE, County of DOUGLAS, State of Nevada, or located in the County of DOUGLAS, State of Nevada, and more particularly described as:

LOT 18, BLOCK 18, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF THE DOUGLAS COUNTY, STATE OF NEVADA ON THE APRIL 10, 1967, IN MAP BOOK 1, FILE NO. 35914

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: Gary Butti 10/24/2023 Date:  
Printed Name: GARY BUTTI

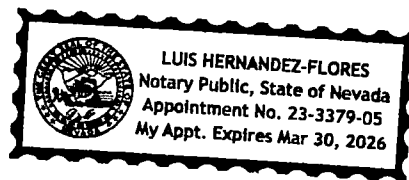
Owner Signature: Carol Butti Date: 10/24/2023  
Printed Name: CAROL BUTTI

STATE OF Nevada  
COUNTY OF Douglas

On this 24 day of October, in the year 2023 before me,  
Gary Butti, personally appeared Carol Butti,  
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.

[Signature]  
\_\_\_\_\_  
Notary Public

My Commission Expires: March 30, 2026



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1220-15-310-025  
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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
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 Carol Butti Capacity GRANTOR

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: CAROL BUTTI  
Address: 1419 MOIRA DR  
City: GARDNERVILLE  
State: NV Zip: 89460

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

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)