DOUGLAS COUNTY, NV

Rec:\$40.00

2024-1004444

02/01/2024 02:56 PM

Pgs=4

Total:\$40.00 ELIZABETH C TREACY

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E03

APN# 1319-03-710-038	
Recording Requested by/Mail to:	SHAWNYNE GARREN, RECORDE
Name: Elizabeth C. Treacy	_ \ \
Address: P.O. Box 843	. \ \
City/State/Zip: Genoa, NV 89411	
Mail Tax Statements to:	
Name: Elizabeth C. Treacy, Trustee	
Address: P.O. Box 843	
City/State/Zip: Genoa, NV 89411	

Corrected Deed

Title of Document (required)

Please complete the Affirmation Statement below:

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) Military Discharge – NRS 419.020 (2)
Other NRS(state specific law)
-OR-
I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)
Signature
Elizabeth C. Treacy
Printed Name
This document is being (re-)recorded to correct document # $rac{831369\ \&\ 2018-922387}{}$, and is correcting
he spelling of the last name of the Grantor and Grantee from "Treary" to "Treacy"

APN: 1319-03-710-038				
RECORDING REQUESTED BY:				
	\ \			
Elizabeth C. Treacy	\ \			
	\ \			
AFTER RECORDATION, RETURN BY MAIL TO:				
Elizabeth C. Treacy, Trustee P.O. Box 843				
Genoa, NV 89411				
	SPACE ABOVE THIS LINE FOR RECORDER'S USE			
CORRECTEI	DEED			
THIS CORRECTED DEED, executed this				
wit: SEE EXHIBIT "A" ATTACHED HERETO AND MA				
Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.				
IN WITNESS WHEREOF, the said first party has signed and	i sealed these presents the day and year first above			
written.	Elizabeth C. Meacy Elizabeth C. Treacy			
STATE OF NEVADA)				
) ss. COUNTY OF DOUGLAS				
	ov of FRANIAM 2029 by Elizabeth C. Troopy			
This instrument was acknowledged before me on the 157 day of February, 2024, by Elizabeth C. Treacy.				
Notan Public				

NOTARY PUBLIC II.
STATE OF NEVADA II.
County of Douglas II.
O3-79473-5 JODI O. STOVALL
My Appointment Expiras August 5, 2024

Notary Public

EXHIBIT "A"

The land referred to herein below is situated in the County of Douglas, State of Nevada, and described as follows:

Lot 12, Block B, as set forth on the Final Map of GENOA LAKES, PHASE 1, Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 18, 1993, in Book 393, at Page 3260, as Document No. 302137, Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 831369, Book 913, Page 6871, on 09/27/2013.

APN: 1319-03-710-038



STATE OF NEVADA DECLARATION OF VALUE

1.	Assessors Parcel Number(s) a) 1319 - 03 - 710 - 038 b) c) d)				
2.	Type of Property: a)	FOR RECORDERS OPTIONAL USE ONLY DOCUMENT/INSTRUMENT #:_ BOOK PAGE DATE OF RECORDING: NOTES:			
3.	Total Value/Sales Price of Property: Deed in Lieu of Foreclosure Only (value of prop Transfer Tax Value: Real Property Transfer Tax Due:	perty) \$ \$ \$ \$ \$ \$ \$			
4.	 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 3 b. Explain Reason for Exemption: Coned Salling 2 last name - individual and 4 4 2 2 3 8 7 				
	NRS 375.110, that the information provided is of be supported by documentation if called upon to Furthermore, the parties agree that disallowance additional tax due, may result in a penalty of 100 may result in a pena	der penalty of perjury, pursuant to NRS 375.060 and correct to the best of their information and belief, and can substantiate the information provided herein. of any claimed exemption, or other determination of the tax due plus interest at 1% per month.			
	ant to NRS 375.030, the Buyer and Seller shall at owed.	be jointly and severally liable for any additional			
Signat	ure Elmabeth C. Ireay	Capacity Grandee			
Signat		Capacity			
	SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)			
76	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	nt Name: Elmaketh C. (Many Must dress: PO Box 843			
Addres	ss: <u>OffGhow Po Boy 843</u> Ad Genoc Cit				
State:		tte: <u>Nev</u> , Zip: 89411			
	ANY/PERSON REQUESTING RECORDING equired if not the seller or buyer)				
	Name:	Escrow #			
Addres	Chaha	Zip:			
City:	(AS A PUBLIC RECORD THIS FORM	MAY BE RECORDED/MICROFILMED)			