

APN 1320-29-213-005

RPTT: None/Exempt #10

When Recorded, Mail To:
Smith and Harmer, Ltd.
502 North Division Street
Carson City, Nevada 89703



00180367202410070440030032

SHAWNYNE GARREN, RECORDER

E10

Mail Tax Statements To:
Margaret A. Stephenson
1074 Wisteria Drive
Minden, NV 89423

DEED UPON DEATH

I, MARGARET A. STEPHENSON, an unmarried woman, a tenant in common, as to a FORTY (40%) share, Grantor, do hereby convey unto SARA M. STEPHENSON and DYLAN J. STEPHENSON, as joint tenants with right of survivorship, effective on my death, my FORTY (40%) share of all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 59 in Block D as shown on the Official Plat of Winhaven Unit No. 2, PHASE A, filed for record in the office of the Douglas County Recorder, State of Nevada, on September 14, 1990, in Book 990, at Page 1934, as Document No. 234654, Official Records.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances, thereunto belonging or in anywise 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 GRANTORS. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTORS 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 GRANTORS' ENTIRE INTEREST IN THE SAME REAL PROPERTY.

This deed is subject to any valid liens on the property in existence on the date of death of Grantors.

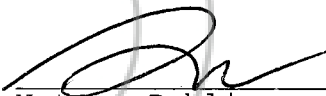
The undersigned affirm this document does not contain the social security number of any person.

WITNESS MY HAND this 19th day of April, 2024.


MARGARET A. STEPHENSON

STATE OF NEVADA)
 ss
CARSON CITY)

On the 19 day of April, 2024, personally appeared before me, a Notary Public, MARGARET A. STEPHENSON, personally known or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument who acknowledged to me that she executed same.



Notary Public



DWANNA DORSEY
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 19-6864-03 - Expires August, 2027

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1320-29-213-005
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|-------------------------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other: _____ (please specify) | | |

FOR RECORDERS OPTIONAL USE ONLY	
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: \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: #10
- b. Explain Reason for Exemption: _____
Transfer not effective until death of Grantor pursuant to NRS. 111.655 to 111.699, inclusive.

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 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 *Stephenson* Capacity Attorney

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Margaret A. Stephenson

Address: 1074 Wisteria Drive

City: Minden

State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Sara M. Stephenson

Address: 1074 Wisteria Drive

City: Minden

State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Smith and Harmer, Ltd. Escrow # _____

Address: 502 N. Division Street

City: Carson City State: NV Zip: 89703