

APN# 1220-15-310-042



SHAWNYNE GARREN, RECORDER E03

Recording Requested by/Mail to:

Name: Loretta Stender

Address: 1447 PALISADE CR.

City/State/Zip: GARDNEVILLE NEV. 89460

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Revocation of deed upon death

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)

Loretta Stender
Signature

Loretta Stender
Printed Name

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

REVOCATION OF DEED UPON DEATH

The undersigned hereby revoke(s) the deed upon death recorded on 6-25-14 as document or file number 0845176, book NA, at page NA, records of Douglas County, Nevada, listing James & Pilar Harrison as beneficiary or beneficiaries.

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

Sept 4, 2024 (DATE)

Loretta Stender (SIGNATURE)
Loretta Stender

STATE OF NV

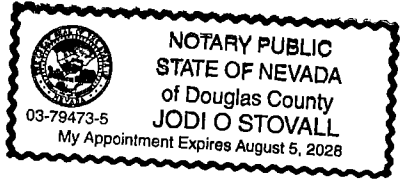
COUNTY OF DOUGLAS

~~Subscribed and sworn to on this 4 day of _____ in the year _____, before me _____, by _____.~~

On this 4th day of SEPTEMBER, in the year 2024, before me, Jodi O Stovall

Personally appeared LORETTA MADELEINE STENDER 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.

Jodi O Stovall
Signature of Notary Public



(Added to NRS by 2011, 1351)

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)
 (a) 1220-15-310-042
 (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	

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: 3

b. Explain Reason for Exemption: revocation of deed upon death 0945176

5. Partial Interest: Percentage being transferred: _____ %

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 Coretta Stender Capacity grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
 Print Name: Coretta Stender
 Address: 1447 FAISADE CR.
 City: GARDNERVILLE
 State: NEV 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: _____