



APN: 002-101-09

**RETURN RECORDED DEED TO:**

Paul R. Brown  
P.O. Box 847  
Panaca, NV 89042

**GRANTEE/MAIL TAX STATEMENTS TO:**

Paul R. Brown  
P.O. Box 847  
Panaca, NV 89042

**DEED UPON DEATH**

I, PAUL R. BROWN, hereby convey to MICHELE DAWN AUSTRIA, effective on my death, all right, title, and interest in the real property commonly known as 236 N. Fifth Street, Town of Panaca, County of Lincoln, State of Nevada, and more particularly described as:

APN #002-101-09, and further described as follows:  
Lot 1 in the block 44 in Section 9, Township 2 South, Range 68 East.

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 GRANTOR(S) ENTIRE INTEREST IN THE SAME REAL PROPERTY.

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

DATED THIS 14 day of Aug, 2015.

PAUL R. BROWN

State of Nevada     )  
                                  )ss.  
County of Lincoln    )

Subscribed and sworn to on this 14 day of AUGUST, in the year 2015, before me, Jessica Shoup, by Paul Brown.

On this 14 day of August, in the year 2015, before me, Jessica Shoup, personally appeared **\*\*\*PAUL R. BROWN\*\*\*** personally known by 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.

\_\_\_\_\_  
NOTARY PUBLIC



STATE OF NEVADA  
DECLARATION OF VALUE

Recording requested By  
PAUL R. BROWN

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$15.00  
Recorded By: HB RPTT:  
Book- 297 Page- 0502

- 1. Assessor Parcel Number(s)
  - a. 002-101-09
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

- 2. Type of Property:
 

a. <input type="checkbox"/> Vacant Land	b. <input 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
<input type="checkbox"/> Other	

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ \_\_\_\_\_
- b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ )
- c. Transfer Tax Value: \$ \_\_\_\_\_
- d. Real Property Transfer Tax Due \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 10
- b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the grantor.

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 [Signature] Capacity: Grantor

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

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

Print Name: Paul R. Brown  
Address: P.O. Box 847  
City: Panaca  
State: NV Zip: 89042

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

Print Name: Michele Dawn Austria  
Address: P.O. Box 847  
City: Panaca  
State: Nevada Zip: 89042

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_