

**Official Record**Recording requested By  
PATRICIA CHRISTMANLincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: HB

Book- 301 Page- 0479

RPTT:

APN: 003-096-03

MAIL RECORDED DOCUMENT TO:  
Stanley O. and Patricia A. Christman  
P.O. Box 816  
Caliente, NV 89008



MAIL TAX STATEMENT TO:  
Stanley O. and Patricia A. Christman  
P.O. Box 816  
Caliente, NV 89008

**DEED UPON DEATH**

For valuable consideration, receipt of which is hereby acknowledged, STANLEY O. CHRISTMAN AND PATRICIA A. CLEMENT, husband and wife as Joint Tenants does hereby Grant, Sell, Bargain and Convey to STANLEY O. CHRISTMAN AND PATRICIA A. CHRISTMAN, husband and wife as Joint Tenants with right of Survivorship and then upon their death to TIMOTHY M. CLEMENT, a single man as his sole and separate property, all right, title and interest in the real property commonly known as 281 Osborne Sreet, City of Caliente, County of Lincoln, State of Nevada, and more particularly described as:

Lot Three (3) and the North 49 feet of Lots One (1) and Two (2) in Block Forty-one (41) in the THOS E. DIXON ADDITION to the City of Caliente, Lincoln County, Nevada.

Together with all contents, structures, appliances, fixtures, 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 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 ENTIRE INTEREST OF THE GRANTORS IN THE SAME REAL PROPERTY.**



**STATE OF NEVADA  
 DECLARATION OF VALUE FORM**

Recording requested By  
 PATRICIA CHRISTMAN

**Lincoln County - NV  
 Leslie Boucher - Recorder**

Page 1 of 2 Fee: \$15.00  
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1. Assessor Parcel Number(s)  
 a) 003-096-03  
 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  
 Other

<b>FOR RECORDER'S 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: \_\_\_\_\_

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 Stanley O. Christman Capacity grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: STANLEY O. CHRISTMAN  
PATRICIA A. CLEMENT  
 Address: Box 816  
 City: CALENTIA  
 State: NV Zip: 89008

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

Print Name: STANLEY O. CHRISTMAN  
PATRICIA A. CHRISTMAN  
 Address: Box 816  
 City: CALENTIA  
 State: NV Zip: 89008

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

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



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

- a) 003-096-03
- 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        |                             |                  |

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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:**

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- b. Explain Reason for Exemption: \_\_\_\_\_

**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 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 \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

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

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

Print Name: Timothy M Clement  
 Address: C/o Ventura Rescue Mission  
 City: Las Vegas  
 State: NV Zip: 89101

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

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