

APN: 03-085-05

Recording requested by:
Catherine Ann Williams

When recorded mail to and
mail tax statements to:

Catherine Ann Williams
270 Main Street
P.O. Box 883
Caliente, Nevada 89008

Space reserved for Recorder's Use

LINCOLN COUNTY, NV **2019-156657**
Rec:\$35.00
Total:\$35.00 **06/24/2019 01:19 PM**
CATHERINE ANN WILLIAMS Pgs=3 KE



OFFICIAL RECORD E10
AMY ELMER, RECORDER

DEED UPON DEATH

(Nev. Rev. Stat. §§111.655 – 111.699)

I, CATHERINE ANN WILLIAMS, hereby convey to MARYANN HOLLOWAY, an unmarried woman effective on my death, all right, title, and interest in the real property commonly known as 270 Main Street, Caliente, County of Lincoln, State of Nevada, and more particularly described as:

Lot 8 in Block 3 of Caliente, Nevada as shown on the Official Plat in the Recorder's Office of Lincoln County, Nevada (being in Section 7 and 8 of Township 4, South, Range 67 East, M.D.B.&M.

ASSESSOR'S PARCEL NUMBER for 2005 – 2006: 03-085-05

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. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR 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 GRANTOR IN THE SAME REAL PROPERTY.

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

Catherine Ann Williams..... 6-24-2019 DATE

Catherine Ann Williams..... SIGNATURE
CATHERINE ANN WILLIAMS

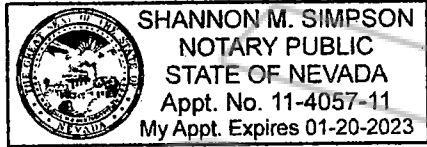
[NOTARY CERTIFICATE ATTACHED]

[THIS INSTRUMENT IS ATTACHED TO A DEED UPON DEATH]

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Subscribed and sworn to on this 24th day of June, in the year 2019, before me, ~~Shannon M. Simpson~~, personally appeared, CATHERINE ANN WILLIAMS, 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 she executed it.

Shannon M. Simpson
Notary Public in and for the
STATE OF NEVADA,
COUNTY OF LINCOLN



COPY

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 03-085-05
- 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 _____

FOR RECORDER'S OPTIONAL USE ONLY	
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: \$ 0.00
 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: Deed Upon Death

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 Catherine Ann Williams Capacity Grantor

Signature Maryann Holloway Capacity GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Catherine Ann Williams
 Address: 270 Main Street, P.O. Box 883
 City: Caliente
 State: Nevada Zip: 89908

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: MARYANN HOLLOWAY
 Address: 3386 WAKE CIRCLE
 City: WEST JORDAN
 State: UT Zip: 84084

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____