LINCOLN COUNTY, NV Rec:\$35.00 Total:\$35.00

DAVID NEIL WRIGHT

2019-157143

10/10/2019 11:50 AM

Pgs=3 AE

APN: <u>04-162-01</u>

RETURN RECORDED DEED TO: Norman Wright Angela Wright P.O. Box 654 Alamo, NV 89001

GRANTEE/MAIL TAX STATEMENTS TO: Norman Wright Angela Wright P.O. Box 654 Alamo. NV 89001



OFFICIAL RECORD
AMY ELMER, RECORDER

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DEED UPON DEATH

We, NORMAN WRIGHT and ANGELA WRIGHT, husband and wife, as joint tenants with right of survivorship, hereby convey to DAVID NEIL WRIGHT, effective on my death, all right, title, and interest in the real property commonly known as 171 Paradise Rd., Town of Alamo, County of Lincoln, State of Nevada, and more particularly described as:

APN #04-162-01, and further described as follows: Lot One (1) in Phase 1 of Alamo West Subdivision , as shown by map thereof on file in Book A-1 of Plats, page 270, in Office of the County Recorder of Lincoln County, Nevada.

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 2 day of October	∠ 2015.
NORMAN WRIGHT	Onglam Kwrynt ANGELAWRIGHT
State of Nevada)	
)ss. County of Lincoln)	
Subscribed and sworn to on this 7th before me, LOGA L. SHATED. ALTOHT.	day of OCKRED, in the year 2015, DOZMAN WO BHY, by
On this day of the year 2015, before me, but the personally appeared ***NORMAN WRIGHT and ANGELA WRIGHT*** 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 are the average of the person whose name is subscribed to this instrument, and acknowledged that he are the average of the person whose name is subscribed to this instrument, and acknowledged that he	
or she executed it. NOTARY PUBLIC	LOLA L. SHARP Notary Public-State of Nevada APPT. NO. 07-1017-11 My App. Expires December 13, 2018
	/ /

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STATE OF NEVADA **DECLARATION OF VALUE FORM** 1. Assessor Parcel Number(s) a) <u>04-162-01</u> b) . c) d) 2. Type of Property: b) Single Fam. Res. Vacant Land FOR RECORDER'S OPTIONAL USE ONLY c) Condo/Twnhse d) 2-4 Plex Book: Page: Comm'l/Ind'l e) Apt. Bldg f) Date of Recording: Agricultural h) Mobile Home Notes: g) 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 16 b. Explain Reason for Exemption: Transfer to Son From Father 3 motines 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. Capacity _____ Signature Signature Capacity ___ SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) (REQUIRED) Print Name: <u>Namon Bangelewight</u> Print Name: <u>David Neil Wright</u> Address: P.O. Box 678 Address: P.O. DOY 454 City: Alama City: Alamo Zip: 89001 Zip: 89001 State: COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Escrow #: Print Name: Address: State: Zip: City:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED