



OFFICIAL RECORD
AMY ELMER, RECORDER

E10

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 003-182-13

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT

(DO NOT Abbreviate)

DEED UPON DEATH

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

Justice Law Center

RETURN TO: Name Justice Law Center

Address 1100 S. Tenth Street

City/State/Zip Las Vegas, NV 89104

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Ruth Ricardson

Address 301 Pearl Street

City/State/Zip WI 53805

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\FORMS & NOTICES\Cover Page Template Oct2017

APN 003-182-13

DEED UPON DEATH

I, RUTH RICHARDSON, hereby convey to RANDALL RICHARDSON, PATRICK RICHARDSON and DARION MCCLAM as Tenants in Common, or to their heirs by right of representation, per stirpes, effective on my death, all right, title and interest in the real property commonly known as PCL 1 Moffitt PCL A/383, Town of Caliente, County of Lincoln, State of Nevada, and more particularly described as:

Parcel 1 of Parcel Map as recorded in Book 103, Page 566 in the official record of Lincoln County Recorder.
Document Number 123751

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



Ruth A. Richardson

APN 003-182-13

STATE OF WISCONSIN)
) ss:
COUNTY OF Grant)

On this 23rd day of November 2019, before me, the undersigned, a Notary Public in and for said state, personally appeared RUTH A. RICHARDSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.

Margaret A. Urdike
Notary Public in and for said Grant County
and State of Wisconsin
Expiration Date: December 3, 2021

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 003-182-13
 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 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: Transfer of real property by deed which becomes effective upon the death of 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 *Ruth Richardson* Capacity: for Grantor
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Ruth Richardson
 Address: 301 Pearl Street
 City: Boscobel
 State: WI Zip: 53805

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Randall and Patrick Richardson
 Address: & Darion McLam - Ten.InCommon
 City: 301 Pearl Street
 State: WI Zip: 53805

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: Bret Whipple, Esq. Escrow # _____
 Address: 1100 S. Tenth Street
 City: Las Vegas, NV 89104 State: _____ Zip: _____