

APN: 013-170-33

Recording requested by:

When recorded mail to and mail tax statements to:

P.O. Box 983  
CALIENTE NV 89008

Space reserved for Recorder's Use

LINCOLN COUNTY, NV 2020-158090  
Rec:\$37.00  
Total:\$37.00 02/18/2020 03:43 PM  
RONALD ROUNSVILLE Pgs=3 KE



OFFICIAL RECORD  
AMY ELMER, RECORDER

E10

**DEED UPON DEATH**  
(Nev. Rev. Stat. §§111.655 - 111.699)

I (We), RONALD D. ROUNSVILLE AND WENDY LEE ROUNSVILLE owner(s), hereby convey to VICTOR L. JONES AND DONNA M. JONES JOINT TENNANTS (beneficiary(ies), effective on my (our) death, all right, title, and interest in the real property commonly known as 7500 JAMES RD (address) City/Town of \_\_\_\_\_, County of Lincoln, State of Nevada, and more particularly described as (legal description): THE NORTHWEST QUARTER (NW1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF THE SOUTHEAST QUARTER (SE1/4) SECTION 14, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B. & M., 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 ENTIRE INTEREST OF THE GRANTOR(S) IN THE SAME REAL PROPERTY.

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

2-18-2020 DATE

[Signatures] SIGNATURE(S)

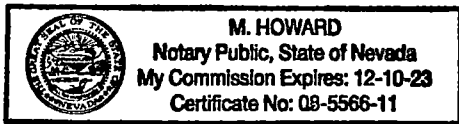
**\*\*THIS INSTRUMENT IS ATTACHED TO A DEED UPON DEATH**

**DATED: February 18, 2020 \*\***

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF LINCOLN        )

Subscribed and sworn to on this 18<sup>th</sup> day of February, in the year 2020, before me, M. Howard, personally appeared Ronald Dane Rainsville and Wendy L. Rainsville, 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 he executed it.

*M. Howard*  
Notary Public in and for the  
STATE OF NEVADA,  
COUNTY OF LINCOLN



*COPIES*

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 013 - 170 - 33  
 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'/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: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due \$ \_\_\_\_\_

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: \_\_\_\_\_ %  
 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 [Handwritten Signature] Capacity GRANTOR  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: RONALD D. LOUNSVILLE  
 Address: WENDY LEE LOUNSVILLE  
P.O. Box 483  
 City: CALIENTE  
 State: NV Zip: 89008

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

Print Name: VICTOR L. JONES AND DONNA M. JONES  
 Address: P.O. Box 405  
 City: CALIENTE  
 State: NV Zip: 89008

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

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