

APN: 003-191-07

Recording requested by and when recorded
mail tax statements to:

Roderick Carter Alfano
P.O. Box 406
Caliente, Nevada 89008

Space reserved for [unclear]



OFFICIAL RECORD
AMY ELMER, RECORDER

E10

DEED UPON DEATH

(Nev. Rev. Stat. §§111.655 – 111.699)

I, RODERICK CARTER ALFANO, hereby convey to FARRAH ANN NELSON, effective on my death, all right, title, and interest in the real property commonly known as 240 Denton Heights, City of Caliente, County of Lincoln, State of Nevada, and more particularly described as follows:

ALL OF LOT TWENTY-THREE (23) AND THE NORTHERLY 12 FEET OF LOT TWENTY-FIVE (25) IN BLOCK "A" OF THE DENTON HEIGHTS ADDITION TO THE CITY OF CALIENTE, NEVADA

ASSESSOR'S PARCEL NUMBER: 003-191-07

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restriction, Reservations, Rights of Way and Easements now of record.

Together with all 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.

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

..... 12-15-2021 DATE

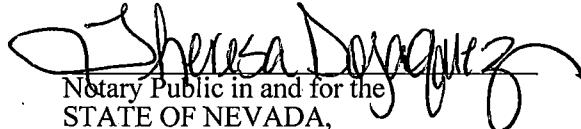
..... RODERICK CARTER ALFANO

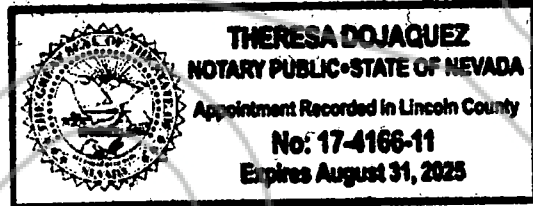
NOTARY CERTIFICATE ATTACHED

****THIS INSTRUMENT IS ATTACHED TO A DEED UPON DEATH
DATED DECEMBER 15th, 2021****

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Subscribed and sworn to on this 15th day of DECEMBER, in the year 2021, before me, Theresa Dojaquez, personally appeared, RODERICK CARTER ALFANO, 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.


Notary Public in and for the
STATE OF NEVADA,
COUNTY OF LINCOLN



COPIED

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) APN 003-191-07
 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: \$ _____
 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 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 [Signature] Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: RODERICK MARTIN ALFARO
 Address: PO BOX 406
 City: CAUENTE
 State: NV Zip: 89003

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: FARRAH ANN NELSON
 Address: 675 S. 800E. #19
 City: ST. GEORGE
 State: UT Zip: 84770

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____