

DOC # 0223938

04/08/2013 10:32 AM

Official Record

Recording requested By
KEITH W RASMUSSEN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT

Recorded By FES

Book- 548 Page- 0247

APN: 005-740-12

R. P. T. T. _____

Mail tax statements to:

KEITH W RASMUSSEN

Box 617

GOLDFIELD, NV 89013

Recording requested by:

KEITH W. & JEANNETTE RASMUSSEN

Box 617

GOLDFIELD, NV 89013



0223938

Please complete affirmation statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons(per NRS239B.030)

OR

I the undersigned hereby affirm that this document submitted for recording contains personal information of a person or persons as required by law: _____

(state specific law)

Jeannette Rasmussen
Signature

JEANNETTE RASMUSSEN

Print Name

DEED UPON DEATH

KEITH W. AND
(We) JEANNETTE RASMUSSEN (owner) hereby convey to KIRK W. RASMUSSEN

SACRAMENTO, CA 95804

6125 DIAS AIR SPACE 214 (beneficiary), effective on my(our) death, all right, title and interest in the real property commonly known as:

PARCEL 10 SECTION 35, T2S 30N, RANGE 48E EUREKA
Block _____ Lots _____ in the Town of Goldfield, County of Esmeralda, State

of 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

NRS 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.

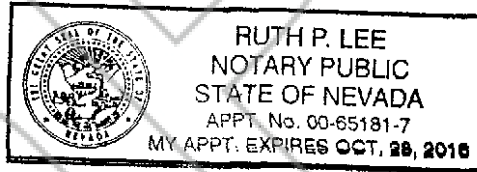
Keith W. Rasmussen

Keith W. Rasmussen
PRINT NAME

Jeannette Rasmussen

JEANNETTE RASMUSSEN
PRINT NAME

State of Nevada)
County of Esmeralda) ss.



On this 5 day of April, 2013,
personally appeared before me, a Notary Public,
Keith Jeannette Rasmussen
who acknowledged that 4 he y executed the
foregoing instrument.

Ruth P. Lee
NOTARY PUBLIC

STATE OF NEVADA DECLARATION OF VALUE

DOC # DV-223938

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FOR RECORDERS
Document/Instrument
Book: _____
Date of Recording: _____
Notes: _____

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Eureka County - NV
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Page 1 of 1 Fee: \$15.00
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1. Assessor Parcel Number (s)
a) 005-740-12
b) _____
c) _____
d) _____

2. Type of Property:

a) <input checked="" type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property: \$ 14,450
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ 14,450
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption, per NRS 375.090, Section: 25
b. Explain Reason for Exemption: FATHER & STEP-MOTHER TO SON / STEPSON

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 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 SELLER
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: KEITH W RASMUSSEN
Address: P.O. Box 617
City: GOLDFIELD
State: NV Zip: 89013

(REQUIRED)
Print Name: KIRK W RASMUSSEN
Address: 6125 DIAS AVE, SPACE 217
City: SACRAMENTO
State: CA Zip: 95824

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: _____
Address: _____
City: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)