

RECORDING COVER PAGE

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

APN# 003-182-01

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

DOC # 0227006

02/21/2014 01:14 PM

Official Record

Recording requested By
ABRAMS PROBATE & PLANNING GROUP

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00 Page 1 of 4

RPTT: Recorded By AP

Book- 563 Page- 0176



0227006

TITLE OF DOCUMENT
(DO NOT Abbreviate)

Corrective Deed Upon Death
To add Trustee as grantee on original document
Instrument # 0025007

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

RECORDING REQUESTED BY:

Abrams Probate & Planning Group

RETURN TO: Name Michelle L. Abrams, Esq.
Address 530 South Fourth Street
City/State/Zip Las Vegas, NV 89101

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

Name Charlene A. Mueller
Address 1901 Chapman Dr.
City/State/Zip Las Vegas, NV 89104

This page provides additional information required by NRS 111.312 Sections 1-2.
An additional recording fee of \$1.00 will apply.
To print this document properly—do not use page scaling.

APN: 003-182-01

Mail tax notice/bill to Grantors whose address is:

Charlene A. Mueller
1901 Chapman Dr.
Las Vegas, NV 89104

CORRECTIVE DEED UPON DEATH

(with beneficiary designation pursuant to NRS 111.655 through 111.699 - Uniform Real Property Transfer on Death Act)

Grantor: CHARLENE ANN MUELLER, a single woman

Grantee: CHARLENE ANN MUELLER, a single woman, Transfer on death to the then acting trustee(s) of the CHARLENE A. MUELLER TRUST dated September 25, 2013.

The undersigned Grantor, does hereby convey, grant, bargain, sell and warrant to the above-named grantee(s), the real property located in the County of Eureka, State of Nevada, and more particularly described as follows:

SEE EXHIBIT A, ATTACHED HERETO.

The property is conveyed with all warranties of title (subject to encumbrances of record), 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.

The undersigned grantor(s), under penalties of perjury, declare(s) that the actual consideration received for this conveyance was NIL.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO NRS 111.655 THROUGH 111.699, INCLUSIVE, REGARDLESS OF WHETHER THE PRIOR DEED FAILED TO CONVEY THE ENTIRE INTEREST OF THE GRANTOR IN THE SAME REAL PROPERTY.

///



0227006

Book 563
Page 177

02/21/2014
Page: 2 of 4

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

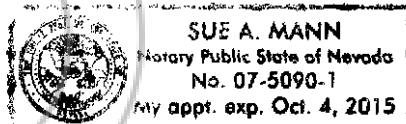
Date 2/5/14

Charlene Ann Mueller
CHARLENE ANN MUELLER

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Subscribed and sworn to on this 5th day of February, in the year 2014, before me the undersigned, a Notary Public in and for the said County of Clark, State of Nevada, personally appeared CHARLENE ANN MUELLER and 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 the instrument.

WITNESS my hand and official seal.



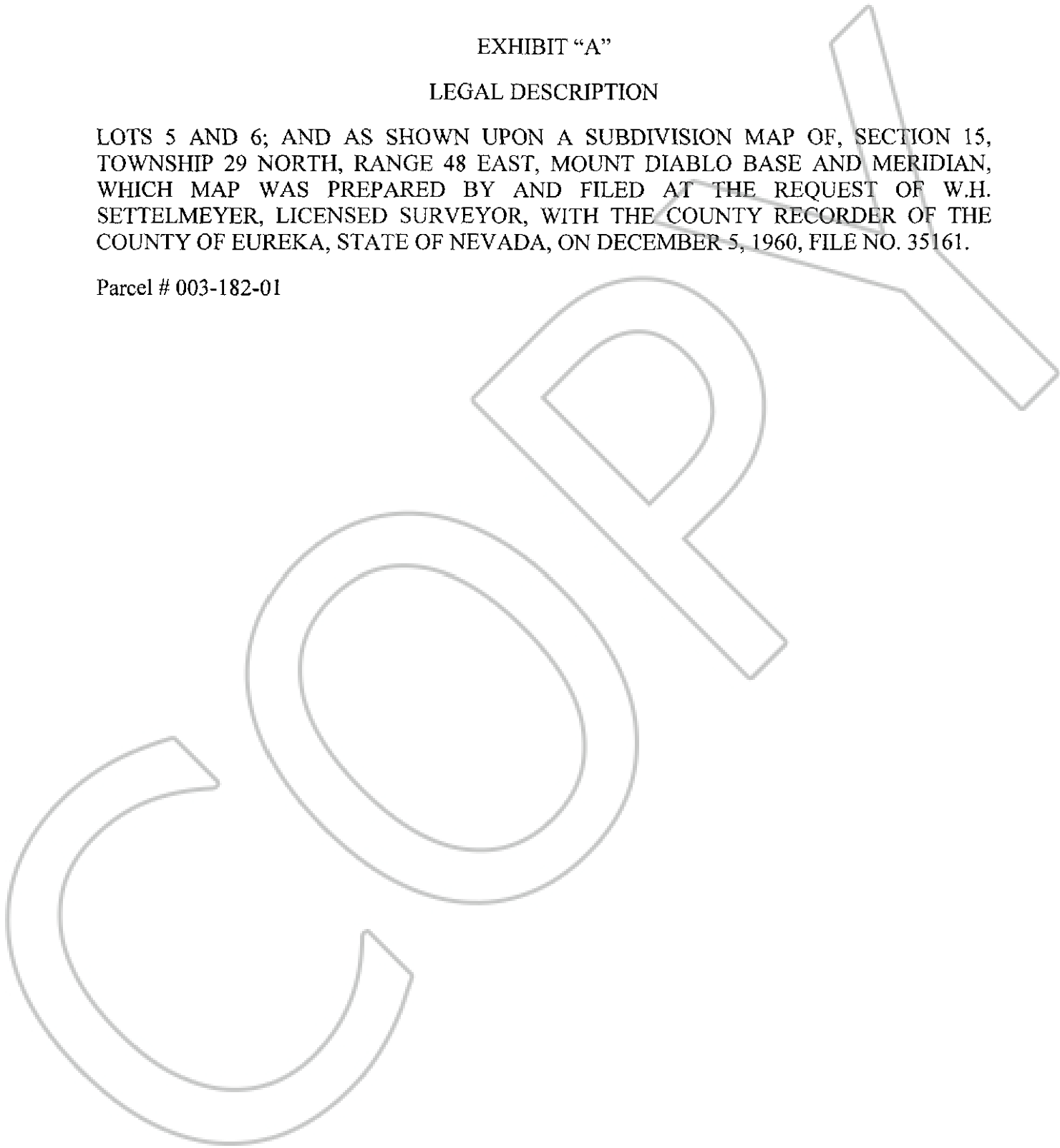
Sue A. Mann
Notary Public

EXHIBIT "A"

LEGAL DESCRIPTION

LOTS 5 AND 6; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON DECEMBER 5, 1960, FILE NO. 35161.

Parcel # 003-182-01



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)
 (a) 003-182-01
 (b) _____
 (c) _____
 (d) _____
2. Type of Property: F
 a) X Vacant Land b) ___ Single Fam. Res. B
 c) ___ Condo/Twnhse d) ___ 2-4 Plex B
 e) ___ Apt. Bldg. f) ___ Comm'l/Ind'l D
 g) ___ Agricultural h) ___ Mobile Home N
 i) Other

DOC # DV-227006

02/21/2014 01:14 PM

Official Record

Recording requested By
 ABRAMS PROBATE & PLANNING GROUP

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee \$17.00

Recorded By: AP RPTT

Book- 563 Page- 0176

3. Total Value/Sales Price of Property \$ 0.00
 Deed in Lieu of Foreclosure Only (value of property) (0.00)
 Transfer Tax Value: \$ 0.00
 Real Property Transfer Tax Due. \$ 0.00

If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090., Section 3
 b. Explain Reason for Exemption: Re-record to add Trustees as grantees. Original document number 0025007
 c. 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: Charlene Ann Mueller Capacity: Grantor

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION
 (REQUIRED) (REQUIRED)

Print Name: <u>Charlene Ann Mueller</u>	Print Name: <u>Charlene A. Mueller Trust</u>
Address: <u>1901 Chapman Dr.</u>	Address: <u>1901 Chapman Dr.</u>
City: <u>Las Vegas</u>	City: <u>Las Vegas</u>
State: <u>NV</u> Zip: <u>89104</u>	State: <u>NV</u> Zip: <u>89104</u>

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

Print Name: Michelle L. Abrams Escrow: _____
 Address: 530 S. 4th Street
 City: Las Vegas State: NV Zip: 89101

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)