APN: 005-060-04

Please Send Tax Statement To:

Lee May 5051 Holly Drive Shingle Springs, CA 95682 DOC # 0231611

6/30/2016 Ø1::

Official Record

Recording requested By ROBERT J WINES, PROF CORP

Eureka County - NV Sara Simmons - Recorder

Fee: \$16.00

Page 1 of 3 Recorded By: SGS

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DEED EFFECTIVE UPON DEATH

I, LEE MAY, a married man, dealing with my sole and separate property, Grantor, hereby convey to SHERYL LYN MAY, a married woman, as her sole and separate property, RENEE LE LAMKIN, a married woman, as her sole and separate property, and KRINDEL DE PRESSON, a married woman, as her sole and separate property, Grantees, effective upon the death of the Grantor, all right, title and interest in the real property located in the County of Eureka, State of Nevada, and more particularly described as:

The East Half (E½) of the Northeast Quarter (NE¼) of Section 25, Township 31 North, Range 48 East, M.D.B.&M.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO all exception, reservations, restrictive covenants, assessments, easements, rights and rights of way of record.

SPECIAL PROVISIONS:

1. The effectiveness of this Deed may be established by the recordation of an Affidavit of Death of Grantor with a certified copy of the Death Certificate of Deceased Grantor in the event Grantor shall still own any right, title and interest in the property conveyed at the time of death.

- 2. Grantor does designate a successor in interest to the Grantor, being the remaining Grantees, with right of survivorship.
- 3. If: (A) all persons constituting Grantor revoke this Deed during the lifetime of such person by: (1) an unconditional deed conveying the property to himself; or (2) a written revocation referring to this Deed; or (B) all persons constituting Grantor transfer all right, title and interest in the property to another person during the lifetime of such person; or (C) all persons constituting Grantee die before the death of all persons constituting Grantor, this deed shall become void on the occurrence of any such event.
- 4. The provisions of this Deed must not be construed to limit the recovery of benefits paid for Medicaid.

TO HAVE AND TO HOLD, Grantor retain all rights and incidents of ownership until death of the Grantor, at which time, all rights and incidents of ownership shall be transferred to the Grantees in the interests described hereinabove.

IN WITNESS WHEREOF, the said Grantor has hereunto set his hand as of the day and year first hereinabove written.

DE CALIFORNIA)

STATE OF CALIFORNIA) : ss. COUNTY OF _____)

On this _____ day of May, 2016, before me personally appeared, LEE MAY, 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
Commission expires

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She astached

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A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
State of California)	
County of <u>Sacrayments</u>)	
On June 18, 2014 before me,	
Date	Here Insert Name and Title of the Officer
personally appeared	by May
	Name(s) of Signer(s)
subscribed to the within instrument and acknow	evidence to be the person(s) whose name(s) (s) are ledged to me that (he) she/they executed the same in is) her/their signature(s) on the instrument the person(s); cted, executed the instrument.
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
KRISTEN WILSON Commission © 2137908 Notary Public - California Sacramento County My Comm. Expires Dec 21, 2019	WITNESS my hand and official seal. Signature Kustun Wilson
Place Notary Seal Above	Signature of Notary Public
	TIONAL and deter alteration of the document or
	s form to an unintended document.
Description of Attached Document	Tom to an animonada addamon.
Title or Type of Document: Dead & Freezing Or	an Death Document Date: 10/18/11
Number of Pages: Signer(s) Other Tha	
	ar realised Above.
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	Other:
Signer & Representing:	Signer Is Representing:
700710071007100710071007100710071007100	4644 Book:592 06/30/2016
©2014 National Notal	1611 Page: 276 Page: 3 of 3 176-6827) Item #5907

STATE OF NEVADA DECLARATION OF VALUE

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2. Type of Pro			_ /			\
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e) 🗀	Apt. Bldg. f)	Comm'l/Ind'i	Page 1		Fee: \$16.00 RPTT:	
a) 🗀	_	Mobile Hom		ed By: SGS 592 Pag e		- 1
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Real Proper	ty Transfer Tax Due:	/ /	\$ 0.00			
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5. Partial Inte	erest: Percentage b	eing transferred:	%	The same of the sa		
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	be supported by docum					
	Furthermore, the disa					
of additional tax	due, may result in a pe	enalty of 10% of the t	ax due plus inte	erest at 1	% per month.	
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additional amo		H111.	/ /			
_	Millery	J Meno			orney	
Signature			Capa	acity		
	RANTOR) INFORM	MATION BUY			<u>FORMATION</u>	
Print Name:	EQUIRED) Lee May	Dein	(REQUIRED) t Name: Sheryl		et al	
Address:	5051 Holly Drive		ress: 5051 Holl		Gt. Gi.	
City:	Shingle Springs	City		-		
State:		82 State		Zip:	95682	
	——————————————————————————————————————	Ciar	<u>Ori</u>	р.		
COMPANY/	PERSON REQUES	STING RECORD	ING			
	OT THE SELLER OR BUYER					
Print Name:	Robert J. Wines, Prof.		Escrow	#	_	
Address:	687 6th Street, Suite 1					
City: Elko		State:	NV	Zip:	89801	