

APN: 005-040-36

Recording requested by and mail documents and
tax statements to:

Name: Edward B. Dilley SR

Address: HC-66 Box 3-1

City/State/Zip: Beowawe NV 89821

EUREKA COUNTY, NV
LAND-DUD
Rec: \$37.00
Total: \$37.00
EDWARD DILLEY SR.

2022-247988
04/21/2022 01:17 PM
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E10

LISA HOEHNE, CLERK RECORDER

DEED UPON DEATH

I (We) Edward B. Dilley SR (here insert name of owner(s)) hereby
convey to Chevelle Dilley (here insert name of
beneficiary or beneficiaries) effective on my (our) death, all right, title and interest in the real
property commonly known as #1 Transfer site road, City of Crescent Valley,
County of Eureka, State of Nevada, or located in the County of
_____, State of Nevada, and more particularly described as:

T31N, R48E SEC 21 N2NE4SW4

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 INTERESTS 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.

In Witness Whereof, I/We have hereunto set my hand/our hands on 1 day of APRIL, 2022.

Edward B. Dille SR
Signature of Grantor

Signature of Grantor

Edward B. Dille SR
Print or Type Name Here

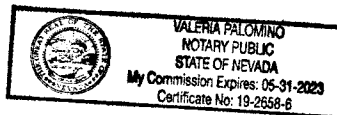
Print or Type Name Here

STATE OF Nevada)
COUNTY OF ELKO) SS.

Subscribed and sworn to on this 1 day of April, in the year 2022, before me, Valeria Palomino (here insert name of notary public), by Edward B. Dille SR (here insert name of principal(s)).

On this 1 day of April, in the year 2022, before me, Valeria Palomino (here insert name of notary public), personally appeared Edward B. Dille SR (here insert name of principal(s)) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to in this instrument, and acknowledged that he executed it.

SEAL:



Valeria Palomino
Signature of Notary Public

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 005-046-36
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: Deed up on Death
my GRANDDAUGHTER -

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: Edward B. Dille SR. Capacity: GRANTOR

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: EDWARD B. DILLEY SR.
Address: HC-66 Box 3-1
City: CRESCENT VALLEY
State: NV Zip: 89831

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: CHEVELLE LEE DILLEY
Address: 1607 PALM COURT
City: GREAT FALLS
State: MT. Zip: 59405

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

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____