Assessor's Parcel #:		
Prepared By:		
Name: Address:		
After Recording Return To:		
Name:		
Address:		
Mail Tax Statements To:		
Name:		
Address:		

Space above this line for recorder's use only

NEVADA DEED UPON DEATH

I (We), _____, hereby convey to

_____, with a mailing address of

effective on my (our) death, all right, title and interest in the real property commonly known as ______, City of ______, County of ______, State of Nevada, or located in the County of ______, State of Nevada, and more particularly described as:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

The legal description was prepared by ______, residing at

_____. (This information is only required if the

legal property description is provided in metes and bounds.)

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 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.

Owner Signature:	Date:	
Printed Name:		
Owner Signature:	Date:	
Printed Name:		
STATE OF		
COUNTY OF	-	
On this day of, pe	, in the year, before me, ersonally appeared	
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 or she executed it.		

Notary Public

My Commission Expires: _____