Recording Requested by:	
Name:	
Address:	
City/State/Zip:	
When recorded, mail this deed to:	
Name:	_
Address:	
City/State/Zip:	
When recorded, mail this tax statement to:	
Name:	_
Address:	
City/State/Zip:	
I/We (your name(s)) hereby convey to (name(s) of beneficiary(ies))	
	effective on my/our death, all right, title and as (street address of property)
	y property is in), State of Nevada, and more
	property):
Together with all improvements, tenements, he easement and water rights, if any, thereto belo issues or profits thereof.	ereditaments and appurtenances, including nging or appertaining, and any remainders, rents,

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

REV 9/23/20 JDB DEED UPON DEATH

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.

Date:	Signature:	
State of Nevada	} } ss.	
County of		
Subscribed and sworn to on this	day of	, in the year,
before me (name of notary public)		
grantor)		
me on the basis of satisfactory evidence		
instrument, and acknowledged that he o	or she executed it.	
NOTARY SEAL		
Date:	Signature:	
State of Nevada	} } ss.	
County of	}}	
Subscribed and sworn to on this		, in the year,
before me (name of notary public)		
grantor)		
me on the basis of satisfactory evidence	to be the person w	hose name is subscribed to this
instrument, and acknowledged that he o	or she executed it.	
NOTARY SEAL		

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