

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: _____

REVOCATION OF DEED UPON DEATH

The undersigned hereby revoke(s) the deed upon death recorded on *(date deed was recorded)*

_____, as document or file number _____, book

_____, at page _____, records of _____

County, Nevada, listing _____ as beneficiary

or beneficiaries.

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)* _____, by *(name of*

grantor) _____ who personally appeared and 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 SEAL