

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME Lillian Y. Niizawa
STREET ADDRESS 11181 Paloma Avenue
Garden Grove, CA 92643
CITY, STATE & ZIP CODE
TITLE ORDER NO. ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

No change in beneficial interest-Trust
DOCUMENTARY TRANSFER TAX \$ -0- Transfe
[] computed on full value of property conveyed, or
[] computed on full value less liens and encumbrances remaining at time of sale.
James S. Okazaki Okazaki Law Offices
Signature of Declarant or Agent Determining Tax Firm Name

Lillian Y. Niizawa, Trustee of Henry M. Niizawa Family Trust

(NAME OF GRANTOR(S))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to Lillian Y. Niizawa & Alan Niizawa, Trustees of Henry M. Niizawa Family Trust A

(NAME OF GRANTEE(S))

the following described real property in the City of Stateline

County of Douglas, State of Nevada

Undivided one-half interest in and to Unit #6, 313 Tramway, Stateline, Nevada

Assessor's parcel No. 40-310-06

Executed on February 17, 1997, at Garden Grove, California

(CITY AND STATE)

STATE OF California

COUNTY OF Orange

Lillian Y. Niizawa, Trustee

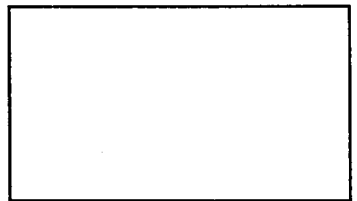
Lillian Y. Niizawa, Jr

On 2/17/97 before me, James S. Okazaki, Notary Public

(NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Lillian Y. Niizawa, Trustee 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 the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

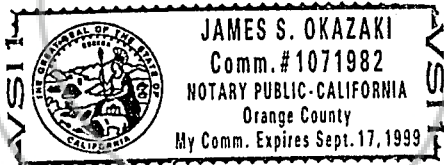
RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- [] INDIVIDUAL(S)
[] CORPORATE OFFICER(S)
[] PARTNER(S) [] LIMITED [] GENERAL
[] ATTORNEY IN FACT
[X] TRUSTEE(S)
[] GUARDIAN/CONSERVATOR
[] OTHER

SIGNER IS REPRESENTING: (NAME OF PERSON(S) OR ENTITY(IES))



WITNESS my hand and official seal.

James S. Okazaki (Signature of Notary)

MAIL TAX STATEMENTS TO: Same as above

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



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Okazaki Law Offices
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA.

'97 MAR 26 AM 11:17

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LINDA SLATER
RECORDER
\$ 8.50 PAID ka DEPUTY