1220-09-810-069 QUIT CL	AIM DEED
THIS INDENTURE WITNESS That the GRANTOR(S):	LAURENCE A. ROOT AND BILLIE D.
consideration of	for and in sollars (\$) do hereby QUIT CLAIM the right, title
and interest, if any, which GRANTOR may have in all that rea	al property, the receipt of which is hereby acknowledged, to the
GRANTEE(S): LAURENCE A. ROOT AND B	SILLIE D. ROOT TRUSTEF(S) OF THE
ROOT FAMILY TRUST	whose street address
is (if applicable): 1047 ARROWHEAD DR	. situate in the City
of GARDNERVILLE, County of Dou	GLAS State of NEVADA
become and a first to the state of the	
RANCHOS UNIT NO. 2 FILED IN T	HE OFFICE OF COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA, ON JU	NE 1, 1965, IN BOOK 1 OF MAPS, FILED A
NO. 28309, AND TITZE SHEET AMEN	ON THE OFFICIAL PLAT OF GARDNERVICE THE OFFICE OF COUNTY RECORDER OF NE 1, 1965, IN BOOK 1 OF MAPS, FILED A DED ON JUNE 4, 1965, AS FILING NO. 2837
Together with all and singular hereditament and appurtenant	ces thereunto helanging on in any view accounts to
In Witness Whereof, I/We have hereunto set my hand/our ha	
	unds on _7000
Signature of Grantor	Signature of Grantor
LAURENCE A. ROOT Print or type name here	Print or type name here
STATE OF NEUADA)	
country of Douglas	
This instrument was acknowledged before me on (date)	Nov 9,2000
By (person(s) appearing before notary public) Laurence A	Billie D. Root
Jehn S. Work	
Notary Public	DEBRA S. YORK Notary Public - State of Nevada Notary Public - State of Nevada
My commission expires: $8/21/2002$	Appointment Recorded in County of Douglas
94-0402-5	My Appointment Expires Aug. 21, 2002
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	THIS SPACE FOR RECORDERS USE ONLY
Name: Laurence A+Billied. Root	/ REQUESTED BY ,
Address: 1047 Arrowhead Dr	Laurence + Billie Roo
City/State/Zip: <u>Gardnenille</u> W 89410	IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA
	2000 NOV -9 AM 4: 15
DED104	LINDA SLATER
3901 W. Charleston Blvd. Las Vegas, NV 89102	0503 33 RECORDER
tel:(702) 870-8977/fax:(702) 870-9664 www.legalformerus.com 0.1998 Consult an atterney if you doubt this forms fitness for your purpose	1100PG2026 STPAIDK DEPUTY
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RPTT: #8
APN: _____