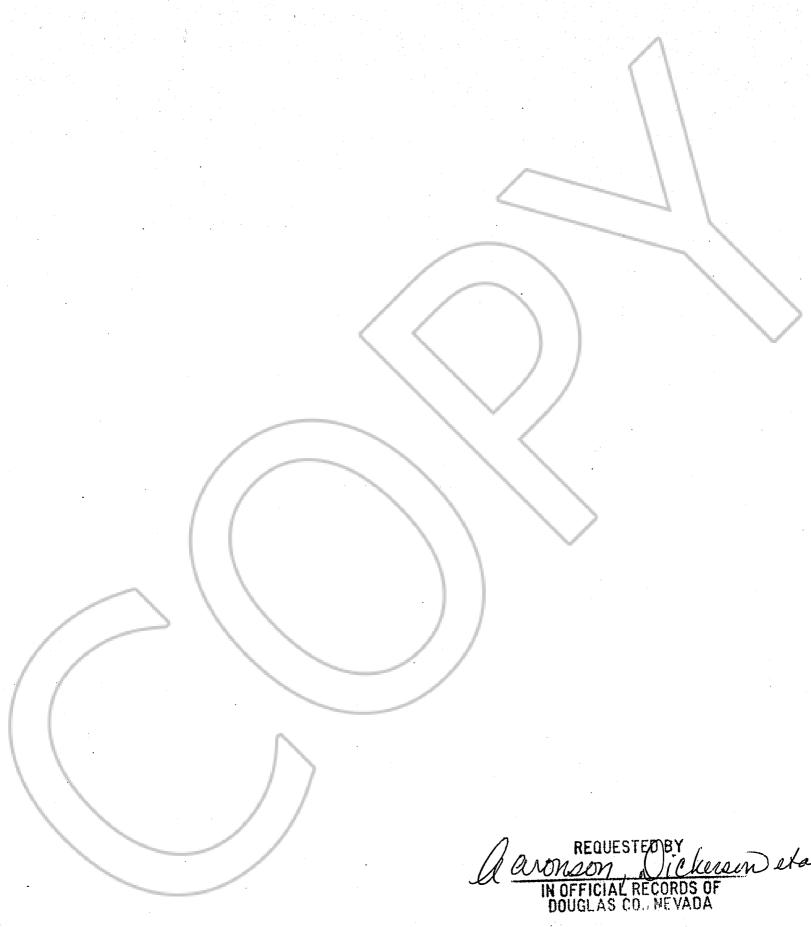
APN. 05-081-03 1318-10-30-004 RECORDING REQUESTED BY Aaronson, Dickerson, Cohn & AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO: Name Robert G. & Diane Johnson Street 178 Escalona Avenue Address P. O. Box 1739 City & El Granada, CA 94018 State Zip Title Order No. Escrow No. T 355 Legal (2-94)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

	Grant Deed
	THE UNDERSIGNED GRANTOR(s) DECLARE(s) DOCUMENTARY TRANSFER TAX IS \$ 0.00 # 8 H unincorporated area City of
ı	Parcel No. <u>5-081-03</u>
	computed on full value of interest or property conveyed, or
	computed on full value less value of liens or encumbrances remaining at time of sale, and
-	FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Robert G. Johnson, a married person as his sole and separate property, as to an undivided one-fourth (1/4) interest,
	hereby GRANT(S) to Robert G. Johnson and Diane Johnson, Trustees of the Johnson Family Trust Dated $3-7-0$.
ı	the following described real property in the Zephry Cover Property
I	county of Douglas , state of Çalifonniax Nevada:
I	Lot numbered Four in Block "A" of Zephyr Cove Property, as said Lot and Block
I	are delineated and so designated upon that certain map entitled "Zephyr Cove
I	Property, " filed and recorded in the office of the County Recorder of Douglas County, State of Nevada.
I	
	Dated 3-7-0a
	Robert G. Johnson
	STATE OF CALIFORNIA S.S. S.S.
	COUNTY OF SAN MATEO
İ	On Match 7, 2002 before me,
	a Notary Public in and for said County and State, personally appeared
-	Robert G. Johnson
	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 (iis/her/their authorized capacity(ies), and that by (iis/her/their same in (iis/her/their authorized capacity(ies), and that by (iis/her/their same in (iis/her/their authorized capacity(ies), and that by (iis/her/their same in (iis/her/their authorized capacity(ies), and that by (iis/her/their same in (iis/
	signature(s) on the institution the person(s), or the entity upon behalf
	of which the person(s) acted, executed the instrument. WITNESS my hand and official seal
	Signature Many M. Mellm (This area for notorial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE



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LINDA SLATER RECORDER \$ 500 PAID BE DEPUTY