DOUGLAS COUNTY, NV

RPTT:\$0.00 Rec:\$16.00 \$16.00 Pgs=3 2016-877245 02/25/2016 09:45 AM

VISIONET SYSTEMS

KAREN ELLISON, RECORDER

E07

APN: 1419-14-001-013 When Recorded Mail To: Daniel Dietrich and Wendi Dietrich 4045 Wooman Canyon Sherman Oaks, CA 91423

Mail Tax Statements To: Daniel Dietrich and Wendi Dietrich 4045 Wooman Canyon Sherman Oaks, CA 91423

R.P.T.T. \$ -0-

## **QUITCLAIM DEED**

THIS INDENTURE WITNESSETH: that DANIEL DIETRICH AND WENDI DIETRICH, TRUSTEES OF THE DIETRICH FAMILY REVOCABLE TRUST DATED JUNE 16, 2006, for valuable consideration paid, the receipt of which is hereby acknowledged, do hereby REMISE, RELEASE, and FOREVER QUITCLAIM to DANIEL DIETRICH AND WENDI DIETRICH, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, all that real property situate in the County of Douglas, State of Nevada, bounded and described as follows:

LOT 11 OF ALPINE VIEW ESTATES, NO. 1, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 16, 1972, IN BOOK 101, PAGE 731, AS DOCUMENT NO. 60036.

PARCEL ID # 1419-14-001-013

THIS BEING THE SAME PROPERTY CONVEYED TO DANIEL DIETRICH AND WENDI DIETRICH, TRUSTEES OF THE DIETRICH FAMILY REVOCABLE TRUST DATED JUNE 16, 2006 FROM DANIEL DIETRICH AND WENDI DIETRICH, HUSBAND AND WIFE, AS JOINT TENANTS IN A DEED DATED JULY 22, 2009, AND RECORDED AUGUST 13, 2009, IN BOOK 0809 PAGE 3019.

Commonly known as 493 Alpine View Court, Carson City, NV 89705

| THE DIETRICH FAMILY REVOCABLE TRUST  DANIEL DIETRICH, TRUSTEE  WENDI DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE DIETRICH FAMILY REVOCABLE TRUST  DANIEL DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                                             |
| DANIEL DIETRICH, TRUSTEE  WENDI DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                                                         |
| DANIEL DIETRICH, TRUSTEE  WENDI DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                                                         |
| WENDI DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                                                                                   |
| WENDI DIETRICH, TRUSTEE  STATE OF NEVADA  COUNTY OF                                                                                                                                                                                   |
| STATE OF NEVADA  COUNTY OF  On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed. |
| STATE OF NEVADA  COUNTY OF  On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed. |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| On this day of, 20, personally appeared before me, a Notary Public in and for said County and State, who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                             |
| Public in and for said County and State,who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                                                                                          |
| Public in and for said County and State,who acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                                                                                          |
| acknowledged that he/she/they executed the above instrument, as his/her/their free act and deed.                                                                                                                                      |
| and deed.                                                                                                                                                                                                                             |
| WITNESS L 1 CC 1                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                       |
| WITNESS my hand and official seal.                                                                                                                                                                                                    |
| SEE ATTACHED ACKNOWLEDSMENT                                                                                                                                                                                                           |
| - COULT VOINENT                                                                                                                                                                                                                       |
| Notary Public in and for said                                                                                                                                                                                                         |
| County and State                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                       |
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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF CALIFORNIA }                                           |                                                  |
|-----------------------------------------------------------------|--------------------------------------------------|
| STATE OF CALIFORNIA COUNTY OF LUS ANGELES S.S.                  |                                                  |
| COUNTY OF CONTRACTOR S.S.                                       |                                                  |
| On TANKON IT TAIC hefore                                        | me, LEILA MALIT LIM,                             |
| On JANUARY 15, 2016 before NOTARY PUBLIC                        | me, <u>remaining</u>                             |
| (here insert name and title of the officer), personally appeare | A DANIEL DIETOLCH                                |
| (nere insert name and title of the officer), personally appeare | a PHINEL DIETHOR                                 |
| KIND COEIND DIETANION                                           |                                                  |
|                                                                 | 1 () 1 () :/(-)                                  |
| who 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.                  |
|                                                                 |                                                  |
| I certify under PENALTY OF PERJURY under the laws               | of the State of California that the              |
| foregoing paragraph is true and correct.                        |                                                  |
|                                                                 |                                                  |
| WITNESS my hand and official seal.                              |                                                  |
| 1.74                                                            | LEILA MALIT LIM                                  |
| DXCUMUU                                                         | Commission # 2125216                             |
|                                                                 | Notary Public - California                       |
| Signature /                                                     | Los Angeles County My Comm. Expires Sep 25, 2019 |
|                                                                 | my domini. Capitos dop Ed, Ed to                 |
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## STATE OF NEVADA DECLARATION OF VALUE

| 1. Assessor Parcel Number(s)                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a. 1419-14-001-013                                    |                                     | $\wedge$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| b.                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| С.                                                    |                                     | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| d.                                                    |                                     | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 2. Type of Property:                                  |                                     | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| a. Vacant Land b. V Single Fam. Res.                  | FOR RECOR                           | DERS OPTIONAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| c. Condo/Twnhse d. 2-4 Plex                           | Book                                | Page:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| e. Apt. Bldg f. Comm'l/Ind'i                          | Date of Record                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| g. Agricultural h. Mobile Home                        | Notes: Trus                         | st Verified - JS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Other                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 3.a. Total Value/Sales Price of Property              | \$.0                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| b. Deed in Lieu of Foreclosure Only (value of prop    | 7                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| c. Transfer Tax Value:                                | \$ 0                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| d. Real Property Transfer Tax Due                     | \$ 0                                | <del>/ / / / / / / / / / / / / / / / / / / </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| di Rodi Proporty Pranaro Pari Duo                     | < <u>-</u>                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 4. If Exemption Claimed:                              |                                     | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| a. Transfer Tax Exemption per NRS 375.090, S          | Section 07                          | / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| b. Explain Reason for Exemption: transfer out         |                                     | ideration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                       |                                     | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 5. Partial Interest: Percentage being transferred:    | %                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| The undersigned declares and acknowledges, under      | penalty of perjury,                 | pursuant to NRS 375.060                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| and NRS 375.110, that the information provided is     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| and can be supported by documentation if called upon  | 794                                 | The contract of the contract o |  |
| Furthermore, the parties agree that disallowance of a | 76.                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| additional tax due, may result in a penalty of 10% of | the tax due plus in                 | terest at 1% per month. Pursuant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| to NRS 375.030, the Buyer and Seller shall be jointly | and severally liab                  | le for any additional amount owed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| that I then DV                                        | $I \cap I$                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Signature Will Will Will Will Will Will Will Wil      | Capacity:                           | SEVER SEVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| C C C C C C C C C C C C C C C C C C C                 |                                     | miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Signature TV W                                        | Capacity:                           | BUKL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                       | / /                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| SELLER (GRANTOR) INFORMATION                          | BUYER (GR.                          | ANTEE) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| (REQUIRED)                                            |                                     | REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Print Name: Daniel & Wendi Dietrich, Trust            | Print Name: Daniel & Wendi Dietrich |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Address: 4045 Wooman Canyon                           | Address: 4045 Wooman Canyon         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| City: Sherman Oaks                                    | City: Sherman Oaks                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| State: CA Zip: 91423                                  | State: CA                           | Zip:91423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| \ / /                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| COMPANY/PERSON REQUESTING RECORD                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Print Name: Linear Title & Closing                    | Escrow # ASV-473181-I               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Address: 127 John Clarke Road                         | _                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| City: Middletown                                      | State:RI                            | Zip: 02842                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |