

15.

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES NOT CONTAIN A
SOCIAL SECURITY NUMBER (NRS 239B.030)



KAREN ELLISON, RECORDER E07

APN: 1318-16-810-035

WHEN RECORDED MAIL TO:
SEND TAX DOCUMENTS TO:

Sandy and Kelly Morford 2014 Trust
30308 Mallorca Place
Castaic, CA 91384

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

MORPHED INVESTMENTS, LLC, for no consideration, does hereby remise, release and forever quitclaim all right, title and interest to the SANDY AND KELLY MORFORD 2014 TRUST, SANDY D. MORFORD and KELLY S. MORFORD, as trustees, the following described real property situated in Douglas County, State of Nevada, bounded and described as:

Lots 117 and 127, of the ELKS SUBDIVISION PLAT, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 5, 1927 and as shown on the Amended Plat of the Elks Subdivision, on January 5, 1928 and as shown on the Second Amended Plat of the Elks Subdivision, on June 5, 1952, as Document No. 8537.

IN WITNESS THEREOF, Managers of MORPHED INVESTMENTS, LLC, SANDY D. MORFORD and KELLY S. MORFORD have signed and sealed these presents the day and year below written.

DATE: March 1, 2017
~~February~~

Sandy D. Morford
Signature, SANDY D. MORFORD, Manager of
MORPHED INVESTMENT, LLC

Kelly S. Morford
Signature, KELLY S. MORFORD, Manager of
MORPHED INVESTMENT, LLC

-LOOSE CERTIFICATION ATTACHED-

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

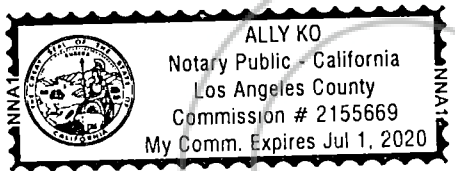
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)
On March 1, 2017 before me, Ally Ko, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Sandy D Morford
Name(s) of Signer(s)
Kelly S. Morford

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.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed Document Date: March 1, 2017
Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1318-16-810-035
 - b) _____
 - c) _____
 - d) _____

- 2. Type of Property:
 - a) Vacant Land
 - b) Single Fam. Res.
 - c) Condo/Twnhse
 - d) 2-4 Plex
 - e) Apt. Bldg
 - f) Comm'l/Ind'l
 - g) Agricultural
 - h) Mobile Home
 - i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OK BC</u>	

- 3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 0.00

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 7
 - b. Explain Reason for Exemption: A transfer of title to or from a trust without consideration if a certificate of trust is present at the time of transfer

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Sandy O. Morford Capacity Grantor

Signature Kelly S. Morford Capacity Grantor

SELLER (GRANTOR) INFORMATION (REQUIRED)

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: MORPHED Investments, LLC
 Address: 30308 Mallorca Pl
 City: Castaic
 State: CA Zip: 91384

Print Name: Sandy and Kelly Morford - Trustees
 Address: 30308 Mallorca Place
 City: Castaic
 State: CA Zip: 91384

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: A + Paralegals, Inc. Escrow # _____
 Address: 411 W. Third Street, Suite 1
 City: Carson City State: NV Zip: 89703

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)