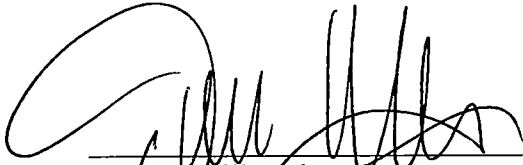


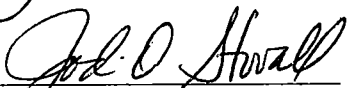
Grant, Bargain and Sale Deed
(attached)

State of Nevada
County of Douglas County

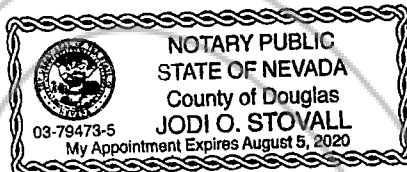
This instrument was acknowledged by me on April 19, 2017, by Jill Makuaole.



Jill Makuaole



(Signature of notarial officer)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1220-21-810-058
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: _____	

3. Total Value/Sales Price of Property: \$ 0
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 3
b. Explain Reason for Exemption: Changing to married name

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 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 [Handwritten Signature] Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: Jill L. Makyaade
Address: 2121 Platform Place
City: Oxnard
State: CA Zip: 93035

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Same
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)
Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____