

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name CORY D. TOROIAN
Street Address 33932 CALLE CONEJO
City & State SAN JUAN CAPISTRANO, CA-92675



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Order # _____
Escrow# _____
APN# 1022-15-001-051

The undersigned grantor(s) declare(s):
DOCUMENTARY TRANSFER TAX \$ #7
 Computed on the consideration or value of property conveyed; or
 Computed on the consideration or value less liens or encumbrances remaining at time of sale.
 Unincorporated area City of _____

QUITCLAIM DEED

NOTE: This form is used by an agent, escrow officer, owner or title company when a person relinquishes any interest they may hold in title to real estate, to identify the parties to the transfer, describe the property involved and record the transfer with the county.

I/We, CORY D. TOROIAN AS TRUSTEE FOR THE: PETER N. TOROIAN + CORY D. TOROIAN REVOCABLE TRUST DATED APRIL 29, 1999,
quitclaim to CORY D. TOROIAN AS TRUSTEE FOR THE: CORY TOROIAN REVOCABLE TRUST DATED APRIL 18, 2018
the real property in the City of WELLINGTON
County of DOUGLAS, State of NEVADA,

referred to as LOT 7 IN BLOCK FAS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4 FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 16, 1970, AS DOCUMENT NO. 502127 COMMONLY KNOWN AS: 3821 WALKER VIEW ROAD, (WELLINGTON, NEVADA 89444)

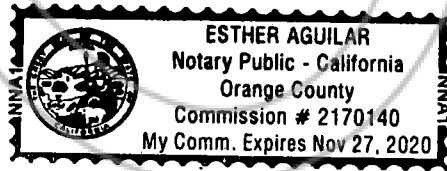
See attached Signature Page Addendum. [RPI Form 251]

Date: MAY 1, 2018 CORY D. TOROIAN, TRUSTEE _____
(Print name) (Signature)

(Print name) (Signature)

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 Orange
On May 1, 2018 before me, Esther Aguilar, a Notary Public
personally appeared Cory D. Toroian
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.



(This area for official notarial seal)

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: _____
(Signature of notary public)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-15-001-051
 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'/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

| FOR RECORDERS OPTIONAL USE ONLY | |
|----------------------------------|------------|
| BOOK _____ | PAGE _____ |
| DATE OF RECORDING: _____ | |
| NOTES: <u>Verified Trust - J</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: \$ _____

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: TRANSFER TO TRUST W/OUT CONSIDERATION

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 [Signature] Capacity GRANTOR

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: CORY TOROIAN
 Address: 33932 CALE CONEJO
 City: SN JN CAPISTRANO
 State: CA Zip: 92675

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: CORY TOROIAN TRUST
 Address: SAME
 City: _____
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

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