

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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 ALAMEDA }

On JULY 25, 2018 before me, GUADALUPE B. VALDEPENAS Notary
Date Insert Name and Title of the officer

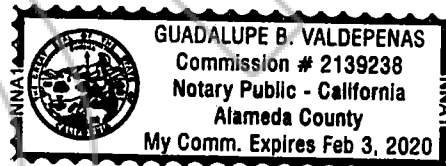
Public, personally appeared RAMONA ELLINGSON

Name(s) of Signer(s)

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: Guadalupe B. Valdepnas

OPTIONAL

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

Description of Attached Document

Title or Type of Document: QUIT CLAIM DEED Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signers Name: _____

Corporate Officer – Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signers Name: _____

Corporate Officer – Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

EXHIBIT "A"

ALL THE FOLLOWING REAL PROPERTY SITUATED IN THE CITY OF MINDEN, COUNTY OF DOUGLAS, STATE OF NEVADA AND DESCRIBED AS FOLLOWS:

ALL THAT CERTAIN PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 4D-1A, AS SET FORTH ON THAT CERTAIN PARCEL MAP LDA #99-006 FOR RAYMOND K. SMITH TRUST, A DIVISION OF REVISED PARCEL 4D-1 PER RECORD OF SURVEY SUPPORTING A BOUNDARY LINE ADJUSTMENT RECORDED AS DOCUMENT NO. 458377, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY STATE OF NEVADA ON JULY 28, 1999, AS DOCUMENT NO. 473281. PROPERTY IS KNOWN AS 1530 WEST HIGH POINTE COURT, MINDEN, NEVADA 89423.

Per NRS 111.312, this legal description was previously recorded as Document No. 2016-879912 on April 26, 2016, in the office of the Recorder of Douglas County, Nevada.

APN: 1420-27-701-016.

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-27-701-016
 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 Verified 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: \$ _____

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 7
 b. Explain Reason for Exemption: Transfer to Trust without consideration

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 June Ellingson Capacity _____ Grantor

Signature Ramona Ellingson Capacity _____ Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: June Ellingson & Ramona Ellingson
 Address: 1530 W. High Pointe Ct.
 City: Minden
 State: NV Zip: 89423

Print Name: Sandra Joy Churchill & Ramona Kay Ellingson, TTE
 Address: 14600 Skyline Blvd.
 City: Oakland
 State: CA Zip: 94619

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)