

Tax Parcel ID Number:

1420-28-601-038

This Instrument was prepared by:

MacArthur Heder & Metler, PLLC

4844 N 300 W

Ste 300

Provo, UT 84604

Once recorded, return to:

Erik and Johnnine Wahl

2900 Cielo Vista Court

Minden, NV 89423

Above Space for Recorder's Use Only

QUIT CLAIM DEED

State of Nevada, County of Clark

BE IT KNOWN BY ALL, that Erik Wahl and Johnnine Wahl, husband and wife, as ("Grantors"), whose address is 2900 Cielo Vista Court, Minden, NV 89423 do hereby quit claim to Erik Wahl and Johnnine M. Wahl as Trustees of the Wahl Family Trust dated the 24th day of June, 2024, as ("Grantees"), whose address is 2900 Cielo Vista Court, Minden, NV 89423, for good and valuable consideration, the following described tract of land located in 2900 Cielo Vista Court, Minden, Douglas County, Nevada:

Parcel 45 as shown on Parcel Map No. LDA 00-007 for DNS Ventures Ltd., filed in the office of the Douglas County Recorder on October 24, 2000, File No. 501926.

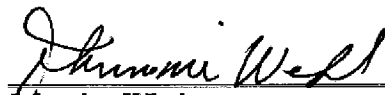
Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

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Witness the hand of said Grantor this 24th day of June, 2024.



Erik Wahl



Johnnine Wahl

[Acknowledgement to follow on the next page]

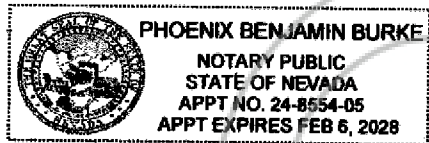
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

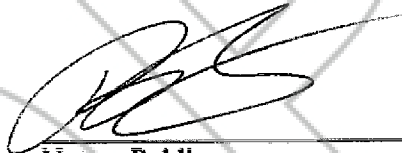
STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On the 24th day of June, 2024, personally appeared before me a Notary Public in and for the State of Nevada, Erik Wahl and Johnnine Wahl, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing is true and correct.

WITNESS my hand and official seal.





Notary Public

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1420-28-601-038
 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>Verified Trust - js</u>	

3. Total Value/Sales Price of Property: \$ 900,000
 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: Without consideration; Going into the 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 Erik Wahl Capacity Grantor

Signature Johanna Wahl Capacity Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: ERIK & JOHANNA WAHL
 Address: 2900 CIELO VISTA CT
 City: MINDEN NV
 State: NV Zip: 89423

Print Name: Erik & Johanna Wahl, Trustees
 Address: 2900 Cielo Vista Ct.
 City: Minden
 State: NV Zip: 89423

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

Print Name: Sarah Moore Eserow # _____
 Address: 4844 N 300 W, Suite 300
 City: Provo State: Utah Zip: 84604

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