ORIGINAL

122115

FILED FUR RECOPLING AT THE REQUEST OF

Secure Financial Benefits, LLC

2004 APR 9 AM 11 18

Livior occurry FEE \$1500 NEPT

APN: 13-110-07 RPTT: EXEMPT #6

GENERAL QUITCLAIM DEED

STATE OF NEVADA) COUNTY OF CLARK

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Ten dollars and no cents (\$10.00) in hand paid to ALICK J. MACKIE, Trustee, THE ALICK J. MACKIE LIVING TRUST (hereinafter called the Grantor), the receipt whereof is hereby acknowledged, the Grantor ALICK J. MACKIE, Trustee, THE ALICK J. MACKIE LIVING TRUST hereby RELEASES, QUITCLAIMS, GRANTS, SELLS, AND CONVEYS to THE ALICK AND PHYLLIS MACKIE LIVING TRUST dated MAR 2 7 2004 ALICK AND PHYLLIS MACKIE LIVING TRUST dated ALICK J. MACKIE and PHYLLIS M. MACKIE, Trustees (hereinafter called Grantee), ail of the Grantor's right, title, interest, and claim in or to the following described real estate, situated in Lincoln County, Nevada, to-wit:

The Southeast Quarter (SE 1/4) of the Northwest Quarter (NW 1/4) of Section 5, Township 4 South, Range 67 East, M.D.M. Meridian, State of Nevada, County of Lincoln.

TO HAVE AND TO HOLD to said GRANTEE forever.

Given under my hand and seal this the 27 day of March

ALICK J. MACKIE, Trustee, THE ALICK J. MACKIE LIVING TRUST, Grantor 928 San Gabriel Ave.

Henderson, NV 89015-8962

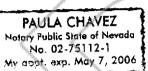
STATE OF NEVADA))ss COUNTY OF CLARK)

I hereby certify that ALICK J. MACKIE whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 27 day of Ware , 2004

Notary Public

My Commission Expires:



WHEN RECORDED MAIL TO:

ALICK J. MACKIE and PHYLLIS M. MACKIE 928 San Gabriel Ave.

Henderson, NV 89015-8962

MAIL TAX STATEMENT TO:

ALICK J. MACKIE and PHYLLIS M. MACKIE 928 San Gabriel Ave.

Henderson, NV 89015-8962

STATE OF NEVADA DECLARATION OF VALUE

1.	Assessor Parcel Number(s) a) 13-110-07 b) c)					
_	d)				.===	
2.	Type of Property		FO	R RECORI	DERS OF	TIONAL USE ONLY
	a) Vacant Land b) Single Fam. Res.		Docu	ment/Instr		<u> 133115 </u>
	c) Condo/Twnhse d) 2-4 Plex		Book	185	Pa	ige: <u>9.B. </u>
	e) Apt. Bldg f) Com'l/Ind'i		Date	of Record	ing: 🗀 (P.006. P. 150
	g) Agricultural h) Mobile Home		Note		·	
	Other					
2	Total Value/Sales Price of Property	æ		in and the second		
J.	Deed in Lieu of Foreclosure Only (value of property)	Ÿ		The state of the s		
		6		-		
	Transfer Tax Value:	3		_ \		
	Real Property Transfer Tax Due	5			0	
_			$\overline{}$	1	1	
<u>4.</u>	If Exemption Claimed:	- 11/	· \	1		
	 a. Transfer Tax Exemption per NRS 375.090, Se 		6)		
	b. Explain Reason for Exemption: Transfer	to or	from	a trust	withou	t consideration
		/ 6	$\sqrt{}$		/	
5.	Partial Interest: Percentage being transferred: 100	%	1		/	
		****	\ \			
	The undersigned declares and acknowledges, un-	der penali	ty of pe	riury, pursi	uant to N	IRS.375.060 and NRS
37	5.110, that the information provided is correct to the bear					
	cumentation if called upon to substantiate the information					
	cumentation is called upon to substantiate the information allowance of any claimed exemption, or other determin					
uis et	the toy due plus interest at 40% per month. Durawest to	NOC 175		ii iax uue,	illay les	untill a penalty of 1076
	the tax due plus interest at 1% per month. Pursuant to	1412 212	.usu, ai	e buyer ar	id Seller	snall be jointly and
se	verally liable for any additional amount owed.	1	٧.	1	- N.	
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SIC	gnature Click J. Markue	__	_Capaci	ty_/V	usia	<u> </u>
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Oif	jiiature		_Capaci	··v		
	AFILLED (ODANTOD) INFORMATION	1	DUVE	3 (ODANIT		ODMATION
	SELLER (GRANTOR) INFORMATION	1	BUTE			<u>ORMATION</u>
	(REQUIRED)	/ .	/ /		JIRED)	
Pŋ	int Name: Alick J. Mackie, Trustee, The Alick J.	Print Na				<u>is Mackie Living Trust,</u>
1	Mackie Living Trust		_/ <u>/</u>	<u> ∖lick J. Ma</u>	<u>ckie and</u>	Phyllis M. Mackie,
f		and the same of th	/ 1	<u> Frustees</u>		
Ad	dress: 928 San Gabriel Ave.	Address	s: 92	8 San Gab	riel Ave.	
Cit	y: Henderson	City:	Hende	rson		
	ate: NV Zip: 89015-8962		NV		Zip:_	89015-8962
CO	MPANY/PERSON REQUESTING RECORDING (requ	uired if no	ot selle	r of buver	4	
	int Name: Secure Financial Benefits, LLC	Escrow			1	
	Idress: 10741 S. Dimple Dell Drive	Laciow	π			
Cit		State:		ΤĽ	7in:	84092
UIL	y. Sanuy	Sidie		ا ز	_ Zip:_	04092
76.	_ / /					

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