

RECORDING REQUESTED BY:
Kurt A. Johnson, Esquire

WHEN RECORDED MAIL TO:
Kurt A. Johnson, Esquire
7881 W. Charleston Blvd., Ste. 220
Las Vegas, NV 891 17

MAIL TAX STATEMENTS TO: Marsha Scofield
7840 Villa Finestra Drive
Las Vegas, Nevada 89128-6933

FILED FOR RECORDING
AT THE REQUEST OF

Kurt A. Johnson
2005 JAN 31 PM 4 43

LINCOLN COUNTY RECORDER
FEE 15.00 DEPCA
LESLIE BOUCHER

ASSESSOR PARCEL NO.:008-031-10

GRANT, BARGAIN, SALE DEED

MARSHA LEASON, conveys to MARSHA SCOFIELD, Trustee of the MARSHA SCOFIELD SEPARATE PROPERTY TRUST, dated March 3, 2004, all right, title, interest in the real property situated in the County of Lincoln, State of Nevada, described as follows:

"FOR COMPLETE LEGAL DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE."

GRANTEE'S ADDRESS: 7840 Villa Finestra Drive, Las Vegas, NV 89128-6933

DATED: September 23, 2004

Marsha Leason
MARSHA LEASON

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On September 23, 2004, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared MARSHA LEASON, personally known to me (or 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 persons, or the entity upon behalf of which the persons acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.

Jennifer Racker
NOTARY PUBLIC

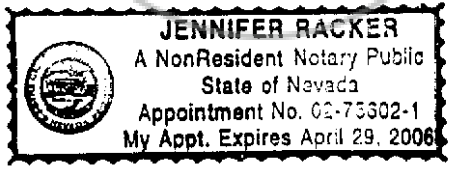
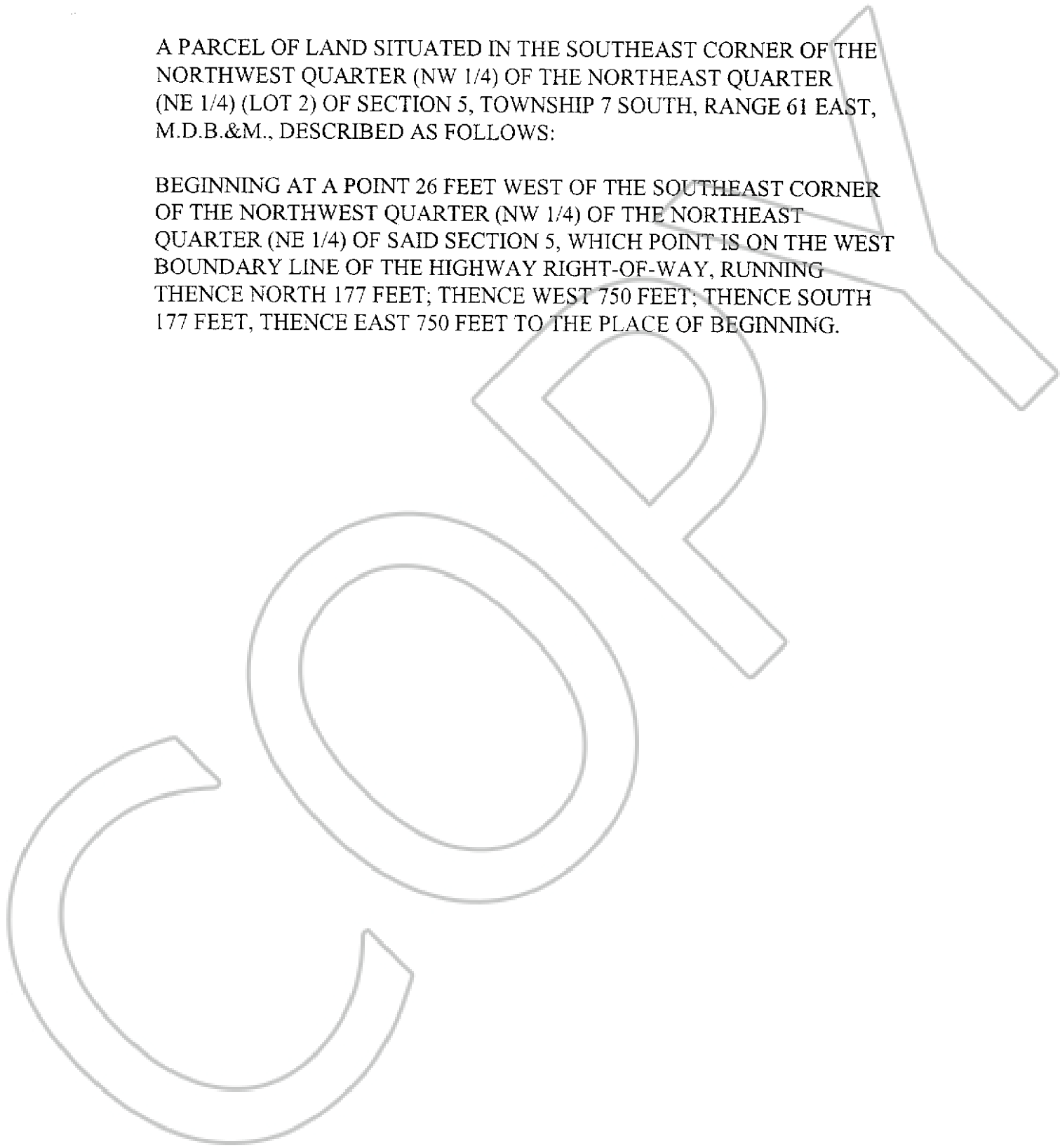


EXHIBIT "A"

A PARCEL OF LAND SITUATED IN THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) (LOT 2) OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B.&M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 26 FEET WEST OF THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SAID SECTION 5, WHICH POINT IS ON THE WEST BOUNDARY LINE OF THE HIGHWAY RIGHT-OF-WAY, RUNNING THENCE NORTH 177 FEET; THENCE WEST 750 FEET; THENCE SOUTH 177 FEET, THENCE EAST 750 FEET TO THE PLACE OF BEGINNING.



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 008-031-10
 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
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: P16 Page: 265-266
 Date of Recording: 11/31/05
 Notes: 123720

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 6
 b. Explain Reason for Exemption: Transfer without consideration to or from a trust

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 Kurt A. Johnson Capacity Attorney

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Maisha Leason
 Address: 7840 Valu Finestra Dr.
 City: Las Vegas
 State: NV Zip: 89129-6933

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Maisha Scotfield, Trustee of the Maisha Scotfield Separate Property Trust
 Address: _____
 City: Same
 State: _____ Zip: _____

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

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