DOC # 0134301

09/23/2009

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Official
Recording requested B

Record

Recording requested By
MICHAEL HEIZER

Lincoln County - NV Leslie Boucher - Recorder

Fee: **\$14.00** Page 1 of 1 RPTT: **\$171.60** Recorded By: AE

Book- 251 Page- 0170

APN:006-161-08

RPTT: \$171.60

After Recordation, return to: Triple Aught Foundation HC61 Box 33 Hiko, NV 89017

QUITCLAIM DEED

For other consideration, Michael Heizer and Mary Heizer, as Trustees of the Michael Heizer Trust created on April 13, 2006,

hereby quitclaims to Triple Aught Foundation, a non-profit corporation organized under the laws of the State of Nevada, all of their right, title and interest in the real property situated in the County of Lincoln, State of Nevada, more particularly described as:

R59E T2N SEC 7 (Part of)
Said parcel contains 80 acres.

Dated this _____ day of September, 2009.

By: WY SY PY TE

Michael Heizer, Trustee

State of Nevada)

This Quitclaim Deed was acknowledged before me on

_, 2009 by Michael Heizer

Mary Heizer, Trustee

and Mary Heixer, in their capacity as Trustee of the Michael Heixer Trust.

Notary Public

County of Lincoln

WENDY, RUDDER
Notory Public State of Nevada
No. 93-3803-11
My appt. exp. June 15, 2013

DOC # DV-13430

09/23/2009

03 25 PM

Official Record

Recording requested By MICHAEL HEIZER

SI	TATE OF NEVADA	HIGHEL HEIZEN
\mathbf{D}	ECLARATION OF VALUE FORM	Lincoln County - NV
1.	Assessor Parcel Number(s)	Leslie Boucher - Recorder
	a) 806-161-01	Page 1 of 1 Fee: \$14.00
	b)	Recorded By: AE RPTT: \$171.60
	c)	Book- 251 Page- 0170
	d)	\ \
2.	Type of Property:	
	a) Vacant Land b) Single Fam. Re	es. FOR RECORDER'S OPTIONAL USE ONLY
	c) Condo/Twnhse d) 2-4 Plex	Book: Page:
	e) Apt. Bldg f) Comm'l/Ind'l	Date of Recording:
	g) Agricultural h) Mobile Home	Notes:
	Other	s 43,500 W
3.		\$ 43,500
	Deed in Lieu of Foreclosure Only (value of prop	erty) ()
	Transfer Tax Value:	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Real Property Transfer Tax Due	\$
<u>4.</u>	If Exemption Claimed:	
	a. Transfer Tax Exemption per NRS 375.090, S	Section
	b. Explain Reason for Exemption:	
5.	Partial Interest: Percentage being transferred:	%
	The undersigned declares and acknowledges,	
	RS 375.060 and NRS 375.110, that the information	
	formation and belief, and can be supported by doc	
	formation provided herein. Furthermore, the parti-	
	temption, or other determination of additional tax	
	ne plus interest at 1% per month. Pursuant to NRS	
jo	intly and severally liable for any additional amoun	t owed.
۵.	3 Many 20	Capacity Seller
Si	gnatury Van the	Capacity
o:	De State of De State of	West Transition No. 16 1
21	gnatural depresent Journ (s)	Capacity Cuff
	CELLED CONANTOD INFORMATION	BUYER (GRANTEE) INFORMATION
	SELLER (GRANTOR) INFORMATION (REQUIRED)	
D.	int Name MM 18 12 V Just	Print Name: M. Phi Child Foundation
	ddress: $4/6/80x33$	Address: 600 33
	ity: New York	City: City
		State: Zip: 701
اد	ate: //() Zip: (201')	Zip. (0.)
	OMPANY/PERSON REQUESTING RECORD	ING (required if not seller or huver)
		Escrow #:
	ddress:	
	itv:	State: Zip: