



This document prepared by (and after recording return to):)

Name: Daniel M. Hooge)

Address: P.O. Box 532)

City, State, Zip: Caliente, NV 89008)

Phone: 775-962-2665)

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Assessor's Parcel No. = 011-080-15

QUITCLAIM DEED
(Individual to a Trust)

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, KEITH MURRAY WHIPPLE, hereinafter referred to as "Grantor", does hereby quitclaim unto KEITH MURRAY WHIPPLE, his successor or successors, as Trustee, and not personally, under the KEITH MURRAY WHIPPLE TRUST Trust, hereinafter "Grantee", all the right, title, and interest in and to the following lands and property, together with all improvements located thereon, lying in the County of LINCOLN, State of Nevada, to-wit:

Amended
Parcel 1 of that Parcel Map filed in Plat Book C at Page 490, File No. 0134113 with the Recorder of Lincoln County, Nevada and is located within the N 1/2 N 1/2 NW 1/4 of Section 23, Township 4 North, Range 4 East, of the Mount Diablo Meridian, also known as Lincoln County parcel number 011-080-15.

Prior instruments reference: Book 223, Pages 22-23, Document No. 127454, Book 154, Pages 200-201, Document No. 116189, and Book 63, Pages 100-102, Document No. 81586 filed with the Recorder of Lincoln County, Nevada.

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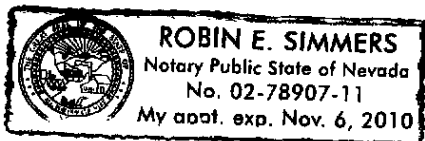
IN WITNESS WHEREOF, the Grantor has signed and sealed this Deed on this the 30 day of September, 2009.

Keith Murray Whipple
KEITH MURRAY WHIPPLE

STATE OF NEVADA

COUNTY OF LINCOLN

This instrument was acknowledged before me on the 30 day of September 2009 by Keith Murray Whipple.



Robin E. Simmers
Notary Public

Printed Name Robin E. Simmers

(Seal)

My Commission Expires: NOV 6 2010

Names and address of the Grantor:

Name: Keith Murray Whipple
Address: HCR 61 Box 2
City/State/Zip: Hiko, NV 89017

Names and address of the Grantees:

Name: Keith Murray Whipple, Trustee
Keith Murry Whipple Sr. Trust
Address: HCR 61 Box 2
City/State/Zip: Hiko, NV 89017

State of Nevada Declaration of Value

DOC # DV-135316
02/02/2010 02 15 PM
Official Record

Recording requested By
CANNON FAMILY TRUST

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$15.00
Recorded By: AE RPTT:
Book- 254 Page- 0052

FOR RECORDERS OPTIONAL USE ONLY

Document / Instrument # _____
Book: _____ Page: _____
Date of Recording: _____
Notes: Trust on file

1. Assessor Parcel Number(s)
a) 011-080-15
b) _____
c) _____
d) _____

2. Type of Property
a) Vacant Land
b) Single Family Res.
c) Condo/Townhouse
d) 2-4 Plex
e) Apartment Building
f) Commercial /Ind'l
g) Agriculture
h) Mobile Home
i) other _____

3. Total Value / Sales Price of Property \$ _____
Deed In Lieu Only (value of forgiven debt) \$ _____
Taxable 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: TO A TRUST without consideration

5. Partial Interest: Percentage being transferred: _____ %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 1/4% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Richard Cannon Capacity Agent For Keith Whipple
Signature Richard Cannon Capacity Agent For Keith Whipple

SELLER (GRANTOR) INFORMATION

Print Name Keith Whipple
Address HC 61 Box 2
City Hiko
State NV Zip 89017

BUYER (GRANTEE) INFORMATION

Print Name Keith Whipple Trust
Address HC 61 Box 2
City Hiko
State NV Zip 89017

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT BUYER OR SELLER)

Co. Name CANNON FAMILY TRUST Esc. # _____
Address _____
City _____ State: _____ Zip _____

(As a public record, this form may be recorded / microfilmed)