

Official Record

Recording requested By
GOLDSMITH & GUYMON, P.C.

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 263 Page- 0549

APN 525116

APN _____

APN _____



0138373

Quitclaim Deed

Title of Document

Affirmation Statement

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. 9Per NRS 239B.030)

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

Signature

Title

[Handwritten Signature]
Signature

April 26, 2011

Date

Grantees address and mail tax statement:

Robert & Sharon Johnson

7560 Oleta Avenue

Las Vegas, NV 89113



APN 525116

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That ROBERT W. JOHNSON and SHARON L. JOHNSON, husband and wife, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, do remise, release and forever quitclaim to ROBERT WILLIAM JOHNSON and SHARON LUCILLE JOHNSON, as Trustee[s] of the ROBERT W. AND SHARON L. JOHNSON FAMILY TRUST, u/a/d the 9 day of June, 2008, all of their right, title and interest in and to all that real property situated in Lincoln County, Nevada, particularly described as:

PCL 3C MOSER AMENDED MAP, UNIT B/484
Sec 25, T5N, R65E

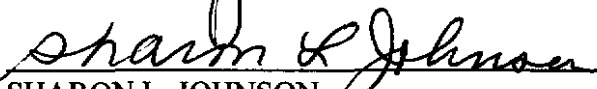
County Assessor Parcel No. 525116.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS our hands this 9 day of June, 2008.



ROBERT W. JOHNSON



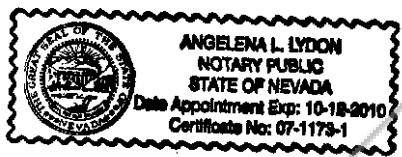
SHARON L. JOHNSON



ACKNOWLEDGMENT

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

On the 9th day of June, 2008, personally appeared before me, the undersigned Notary Public, ROBERT W. JOHNSON and SHARON L. JOHNSON, personally known (or proved) to me to be the persons whose names are subscribed to the above Quitclaim Deed, who acknowledged to me that they executed the instrument.



Angeleena Lydon
Notary Public in and for said
County and State

MAIL TAX STATEMENTS TO
GRANTEE'S NAME AND ADDRESS:

ROBERT W. AND SHARON L. JOHNSON FAMILY TRUST
7560 Oleta Avenue
Las Vegas, Nevada 89113

RECORDED AT THE REQUEST OF
AND
WHEN RECORDED RETURN TO:

GOLDSMITH & GUYMON, P.C.
ATTN: MAG
2055 Village Center Circle
Las Vegas, Nevada 89134

Recording requested By
GOLDSMITH & GUYMON, P.C.

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$16.00
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STATE OF NEVADA
DECLARATION OF VALUE FORM

- 1. Assessor Parcel Number(s)
 - a. 525116
 - 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: _____ Page: _____
 Date of Recording: _____
 Notes: Turston Oleta

- 3. a. Total Value/Sales Price of Property \$ _____
- b. Deed in Lieu of Foreclosure Only (value of property) (_____)
- c. Transfer Tax Value: \$ _____
- d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 07
- b. Explain Reason for Exemption: Transfer to a Trust without consideration

- 5. Partial Interest: Percentage being transferred: 100.00 %

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 _____ Capacity Attorney

Signature _____ Capacity Attorney

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Robert & Sharon Johnson
Address: 7560 Oleta Avenue
City: Las Vegas
State: NV Zip: 89113

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Robert & Sharon Johnson
Address: 7560 Oleta Avenue
City: Las Vegas
State: NV Zip: 89113

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

Print Name: Goldsmith & Guymon, P.C. Escrow #: _____
Address: 2055 Village Center Circle
City: Las Vegas State: NV Zip: 89134

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED