OUIT CLAIM DEED

APN: QO2-037-05

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Page 1 Fee: \$17.00 Recorded By FES Name: MA9A 0218 Book-530 Page-Address: 375 Spring CANION City/State/Zip:.COALVILLE THIS INDENTURE WITNESS That the GRANTOR(S): Ken neth chman for and in consideration of Dollars (\$ 2000) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): address is (if applicable): 375 SPRING CANVON situate in the City of Coalulle , County of Summer , State of Ut 4 H 84017 . All that certain property in the County of Eureka, State of Nevada bounded and described as follows: 13 L.K-21 (Set forth legal description) LoT-9 NUMBER 602-037-05 PARCEL Together with all and singular hereditament and appeurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands Loose Certificate attached Signature of Grantor Signature of Grantor Signature of Grantor Signature of Grantor STATE OF NEVADA COUNTY OF EURE This instrument was acknowledged before me on (date) By (person(s) appearing before notary public). PAMELA J. THRALL COMM. # 1812917 NOTARY PUBLIC - CALIFORNIA COUNTY OF SACRAMENTO MY COMM. EXP. SEPT. 12, 2012 Notary Public My Commission expires: (Notary Stamp)

Official

Recording requested By RANDY MOSS

Eureka County - NV Mike Rebaleati - Recorder

Record

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of Orange

On Tuesday, February 21, 2012 before me, Assunta H. Jayasekera Notary Public, personally appeared

Kenneth Lee Lehman

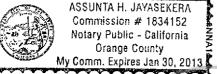
Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

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WITNESS my hand and official seal.

Sionature



Signature	Amu	gr.	Janken	
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Description of Attached Document

Titl	e or T	Type of	f Document	Quit	Claim Dec	ed – APN	1 002-037-05

The straight of the straight o

Document Date: February 21, 2012 Number of Pages. 1(One)

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Kenneth Lee Lehman

- ∠ Individual
- ☐ Corporate Officer Title(s):
- □ Partner □ Limited □ General
- Attorney in Fact
- ☐ Trustee
- Guardian or Conservator
- Other:

Signer Is Representing: SetC

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

California Acknowledgment Form

State of California County of Samuento ss.
on March 5 2012 before me, Whele Thell (Notary Public personally appeared Larry Lehman who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is lare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.
PAMELA J. THRALL COMM. # 1812917 NOTARY PUBLIC-CALIFORNIA COUNTY OF SACRAMENTO MY COMM. EXP. SEPT. 12, 2012
Notes
Please provide information about the document that this form is attached to. ***This is <u>not</u> required under California State notary public law.***

Acknowledgment of Individual

STATE OF WASHINGTON

COUNTY OF CLARK

On Tuesday, February 28, 2012 before me, Gretchen Zabel Notary Public, personally appeared Ronald W. Lehman

Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Washington that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

State of Washington
Notary Public
GRETCHEN ZABEL
My Appointment Expires 09/03/2015

STATE OF NEVADA DECLARATION OF VALUE

	DOC # DV-220162
·	FOR RECO' 03/21/2012 04 04 PM
1. Assessor Parcel Number (s)	Document Official Record
a) 002-037-05	Book: Recording requested By
b)	Date of Rec RANDY MOSS Notes:
d)	- Eureka County - NV
-	Mike Rebaleati - Recorder
2. Type of Property: a) Vacant Land b) Single c) Condo/Twnhse d) 2-4 Pie e) Apt. Bldg. f) Comm g) Agricultural h) Mobile	'VInd'I
3. Total Value/Sales Price of Property:	\$ 20000
Deed in Lieu of Foreclosure Only (value of propi	erty) \$.
Transfer Tax Value:	\$
Real Property Transfer Tax Due:	\$ 780
4. If Exemption Claimed: a. Transfer Tax Exemption, per NRS 375.090, See b. Explain Reason for Exemption:	ection:
T. Destablishment Descended heins beneficer	1 (10)
5. Partial Interest: Percentage being transferre	ed: 100 %
The undersigned declares and acknowledges, under and NRS 375.110, that the information provided is declief, and can be supported by documentation if controlled herein. Furthermore, the disallowance of of additional tax due, may result in a penalty of 10%	correct to the best of their information and alled upon to substantiate the information any claimed exemption, or other determination
Pursuant to NRS 375.030, the Buyer and Seller	shall be jointly and severally liable for any
additional amount owed.	
Signature MAGALIC Kerry Man	
Signature	Capacity († PAN TOR'S
SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Kenneth L. Lehman	Print Name: MAGA LLC.
Address: 1418 E. Vernient Ave.	Address: 375 SPRING CANGE RD
City: Anahem	City: COALLILE
State: CA Zip: 92805	State: 44H Zip: 84017
COMPANY/PERSON REQUESTING RECO	<u>ORDING</u>
(REQUIRED IF NOT THE SELLER OR BUYER)	
Print Name:	Escrow#
Address;	
City: Sta	te: Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)