



Recording Requested by:
First American Title Insurance Company

DATE/TIME: 04/02/2012 1208

FEE: \$11.00

PAGES: 4

FEE NUMBER: 2012-026340

When recorded mail to:
Lynn Simonson and Eunice Simonson
43163 West Bunker Drive
Maricopa, AZ 85138



WARRANTY DEED

Escrow No. **219-5455024 (TM)**

For the consideration of TEN AND NO/100 DOLLARS, and other valuable considerations, I or we,

Scott A. Gill and Anne M. Gill, Co-Trustees of The Scott A. and Anne M. Gill Living Trust, dated July 07, 2011, the GRANTOR does hereby convey to

Lynn Simonson and Eunice Simonson, husband and wife, the GRANTEE

The following described real property situate in **Pinal County, Arizona** with the title being conveyed to the grantee as set forth in the attached acceptance by the grantee:

LOT 20, OF FINAL PLAT OF PARCEL 6 AT RANCHO EL DORADO, ACCORDING TO THE PLAT OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF PINAL COUNTY, ARIZONA, RECORDED IN BOOK C OF MAPS, PAGE 180.

Pursuant to ARS 33-404, Beneficiaries names and addresses under said trust(s) are disclosed in Trust Certification(s) attached hereto.

Subject To: Existing taxes, assessments, covenants, conditions, restrictions, rights of way, easements and all other matters of record.

And the GRANTOR does warrant the title against all persons whomsoever, subject to the matters set forth above.

DATED: March 21, 2012

ACCEPTANCE OF JOINT TENANCY

This Acceptance is to be attached to: Warranty Deed dated **March 21, 2012** by and between **Gill Living Trust** and **Lynn Simonson and Eunice Simonson**.

That each of the undersigned individually and jointly as such Grantees hereby declare that it is their intention to accept such conveyance as joint tenants with right of survivorship and not as a community property estate and not as tenants in common, and to acquire any interest in said real property under said deed as joint tenants with right of survivorship, and not as a community property estate and not as tenants in common.

That by the execution and delivery to the Escrow Agent of this "Acceptance of Joint Tenancy" the undersigned intend to evidence their acceptance of said deed as joint tenants, and hereby direct and authorize the Escrow Agent to attach this "Acceptance of Joint Tenancy" to such deed upon its execution and delivery and to record this "Acceptance of Joint Tenancy" together with such deed.

Date: **March 21, 2012**

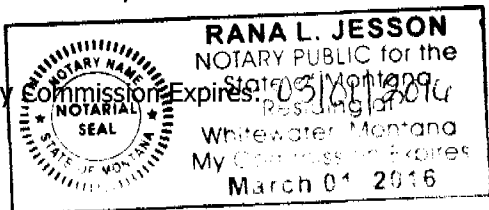
Lynn Simonson
Lynn Simonson

Eunice Simonson
Eunice Simonson

STATE OF MT)
County of Phillips) ss.

On 03/20/2012, before me, the undersigned Notary Public, personally appeared **Lynn Simonson and Eunice Simonson**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are 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.

WITNESS my hand and official seal.



Rana L. Jesson
Notary Public

3-1-16

File No.: 219-5455024 (TM)
A.P.N.: 512-25-02007

Warranty Deed - continued

TRUST CERTIFICATION

March 21, 2012

First American Title Insurance Company
10922 West Bell Road
Sun City, AZ 85351

RE: Escrow No. 219-5455024

The undersigned, being the Trustee(s) of the Gill Living Trust, do(es) hereby certify that as of this date said Trust Agreement is in full force and effect and has not been amended, modified or revoked.

The names and addresses of the beneficiaries of the trust, which must be disclosed on the deed, are as follows:

NAME: Anne M Gill

ADDRESS: 3951 E. Chandler Blvd # 111-271, Phoenix AZ 85048

NAME: Scott A Gill

ADDRESS: 3951 E. Chandler Blvd, # 111-271, Phoenix AZ 85048

NAME: _____

ADDRESS: _____

Gill Living Trust

Scott A Gill
Scott A. Gill, Co-Trustee

Anne M Gill, Co-Trustee
Anne M. Gill, Co-Trustee

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL NUMBER(S) (primary parcel number):
 Primary Parcel: 512-25-02007

BOOK MAP PARCEL SPLIT LETTER

Does this sale include any parcels that are being split / divided?
 Check one: Yes No

How many parcels, other than the Primary Parcel, are included in this sale?
 Please list the additional parcels below (no more than four):
 (1) _____ (3) _____
 (2) _____ (4) _____

2. SELLER'S NAME AND ADDRESS:
Gill Living Trust
3951 E. Chandler Blvd. #111-271
Phoenix, AZ 85048

3. (a) BUYER'S NAME AND ADDRESS:
Lynn Simonson and Eunice Simonson
Sell #5

(b) Are the Buyer and Seller related: Yes No
 If yes, state relationship: _____

4. ADDRESS OF PROPERTY:
43163 West Bunker Drive
Maricopa, AZ 85138

5. MAIL TAX BILL TO:
Lynn Simonson and Eunice Simonson
16448 Forks Rd
SACO, MT 59261

6. PROPERTY TYPE (for Primary Parcel): **NOTE: Check Only One Box**

a. <input type="checkbox"/> Vacant Land	f. <input type="checkbox"/> Commercial or Industrial Use
b. <input checked="" type="checkbox"/> Single Family Residence	g. <input type="checkbox"/> Agricultural
c. <input type="checkbox"/> Condo or Townhouse	h. <input type="checkbox"/> Mobile or Manufactured Home
d. <input type="checkbox"/> 2-4 Plex	i. <input type="checkbox"/> Other Use, Specify: _____
e. <input type="checkbox"/> Apartment Building	

7. RESIDENTIAL BUYER'S USE: If you checked **b, c, d,** or **h** in Item 6 above, please check **one** of the following:
 To be occupied by owner or family member. **To be rented to someone other than "family member."**

8. NUMBER OF UNITS: _____
 For Apartment Properties, Motels, Hotels, Mobile Home Parks, RV Parks, Mini-Storage Properties, etc.

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller/Agent _____
 State of _____, County of _____
 Subscribed and sworn to before me on this _____ day of _____
 Notary Public _____
 Notary Expiration Date _____

Signed in counterpart

9. **FOR OFFICIAL USE ONLY: Buyer and Seller leave blank**

(a) County of Recordation: **PINAL COUNTY**
 (b) Docket & Page Number: _____
 (c) Date of Recording: **DATE/TIME: 04/02/2012 1208**
 (d) Fee / Recording Number: **FEE NUMBER: 2012-026340**

Validation Codes:
 (e) ASSESSOR: _____ (f) DOR _____

ASSESSOR'S USE ONLY
Verify Primary Parcel in Item 1: _____
Use Code: _____ **Full Cash Value: \$** _____

10. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

a. <input checked="" type="checkbox"/> Warranty Deed	d. <input type="checkbox"/> Contract or Agreement
b. <input type="checkbox"/> Special Warranty Deed	e. <input type="checkbox"/> Quit Claim Deed
c. <input type="checkbox"/> Joint Tenancy Deed	f. <input type="checkbox"/> Other

11. SALE PRICE: **229,000.00** **00**

12. DATE OF SALE (Numeric Digits): 03/2012
 Month Year
 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: \$ **229,000.00** **00**

14. METHOD OF FINANCING:

a. <input checked="" type="checkbox"/> Cash (100% of Sale Price)	e. <input type="checkbox"/> New loan(s) from Financial institution:
b. <input checked="" type="checkbox"/> Exchange or trade	(1) <input type="checkbox"/> Conventional
c. <input checked="" type="checkbox"/> Assumption of existing loan(s)	(2) <input type="checkbox"/> VA
d. <input type="checkbox"/> Seller Loan (Carryback)	(3) <input type="checkbox"/> FHA
	f. <input type="checkbox"/> Other financing; Specify: _____

15. PERSONAL PROPERTY (see reverse side for definition):
 (a) Did the Sale Price in Item #11 include Personal Property that Impacted the Sale Price by 5% or more? Yes _____ Nox _____

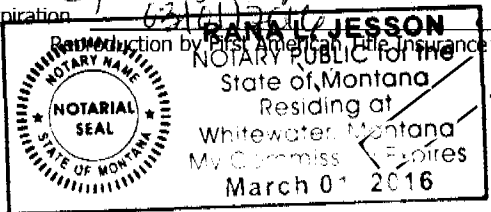
(b) If Yes, provide the dollar amount of the Personal Property:
 \$ **0,00** **00** **AND**
 briefly describe the Personal Property: _____

16. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone):
First American Title Insurance Company
10922 West Bell Road
Sun City, AZ 85351
219-5455024 (TM) Phone (623)972-2194

18. LEGAL DESCRIPTION (attach copy if necessary):
 Lot 20, of FINAL PLAT OF PARCEL 6 AT RANCHO EL DORADO (C / 180)

Signature of Buyer/Agent _____
 State of Montana, County of Phillips
 Subscribed and sworn to before me on this 20th day of March, 2012
 Notary Public Anna J. Jesson
 Notary Expiration 03/01/2016



Anna Jesson 3-1-16

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL NUMBER(S) (primary parcel number):
 Primary Parcel: 512-25-02007

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 (b) Docket & Page Number: _____
 (c) Date of Recording: _____
 (d) Fee / Recording Number: _____

Validation Codes:
 (e) ASSESSOR: _____ (f) DOR: _____

ASSESSOR'S USE ONLY
Verify Primary Parcel in Item 1: _____ - _____ - _____
Use Code: _____ **Full Cash Value: \$** _____

2. SELLER'S NAME AND ADDRESS:
Gill Living Trust
3951 East Chandler Blvd # 111-271
Phoenix, AZ 85048

3. (a) BUYER'S NAME AND ADDRESS:
Lynn Simonson and Eunice Simonson
see #5

(b) Are the Buyer and Seller related: Yes _____ No
 If yes, state relationship: _____

10. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

a. Warranty Deed d. Contract or Agreement
 b. Special Warranty Deed e. Quit Claim Deed
 c. Joint Tenancy Deed f. Other

11. SALE PRICE: 229,000.00 **00**

12. DATE OF SALE (Numeric Digits): 03/2012
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 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: \$ 229,000.00 **00**

4. ADDRESS OF PROPERTY:
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14. METHOD OF FINANCING:

e. New loan(s) from Financial institution:
 (1) Conventional
 (2) VA
 (3) FHA
 f. Other financing; Specify: _____

a. Cash (100% of Sale Price)
 b. Exchange or trade
 c. Assumption of existing loan(s)
 d. Seller Loan (Carryback)

5. MAIL TAX BILL TO:
Lynn Simonson and Eunice Simonson
16448 Forks Rd.
SACO MT 59261

15. PERSONAL PROPERTY (see reverse side for definition):
 (a) Did the Sale Price in Item #11 include Personal Property that Impacted the Sale Price by 5% or more? Yes _____ No
 (b) If Yes, provide the dollar amount of the Personal Property:
 \$ 0.00 **00** **AND**
 briefly describe the Personal Property: _____

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 b. Single Family Residence g. Agricultural
 c. Condo or Townhouse h. Mobile or Manufactured Home
 d. 2-4 Plex i. Other Use, Specify: _____
 e. Apartment Building

16. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d, or h in Item 6 above, please check one of the following:
 To be occupied by owner or family member.
 To be rented to someone other than family member.

See reverse side for definition of a "family member."

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone):
First American Title Insurance Company
10922 West Bell Road
Sun City, AZ 85351
219-5455024 (TM) Phone (623)972-2194

8. NUMBER OF UNITS: _____
 For Apartment Properties, Motels, Hotels, Mobile Home Parks, RV Parks, Mini-Storage Properties, etc.

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THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller/Agent: Scott A. Gill
 State of Arizona, County of Maricopa
 Subscribed and sworn to before me on this 28 day of March 2012
 Notary Public: Jennifer L. Pope
 Notary Expiration Date: 6.9.2015

Signature of Buyer/Agent: _____
 State of _____, County of _____
 Subscribed and sworn to before me on this _____ day of _____
 Notary Public: _____
 Notary Expiration: _____



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Signed in counterpart