

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That EVALENA E. COOPER

hereinafter called grantor, hereinafter called grantor, DAVID T. COOPER

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto DAVID T. COOPER, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any-wise appertaining, situated in the County of Eureka State of Oregon, described as follows, to-wit: Assessor's Parcel number 5-230-08, further described as

10 Acres, Sec. 27, Township 30, Range 48 MDB&M NE 1/4 SW 1/4 of NW 1/4, Eureka County, Nevada

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RECORDED AT THE REQUEST OF
Thomas Ya Follett
92 DEC 10 P2:07
EUREKA COUNTY, NEVADA
M.N. REBALCATEL RECORDER
FILE NO. 143383
FEES \$ 5.00

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 10.00

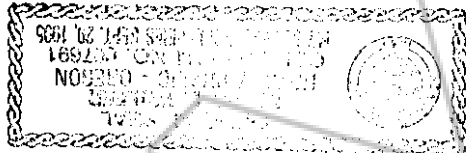
However, the actual consideration consists of or includes other property or value given or promised which is part of the whole consideration (indicate which) (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.) In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this 10th day of March December, 19 91, if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized thereto by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

STATE OF OREGON, County of Clackamas

This instrument was acknowledged before me on 10th December 19 91 by EVALENA E. COOPER

This instrument was acknowledged before me on 10th December 19 91 by [Signature]



My commission expires 9.29.97

STATE OF OREGON,

County of [] ss.

I certify that the within instrument was received for record on the

day of [] 19 []

at [] o'clock M., and recorded

in book/reel/volume No. [] on

page [] or as document/fee/file/

instrument/microfilm No. []

Record of Deeds of said county. Witness my hand and seal of

County affixed.

NAME TITLE

Deputy

After recording return to: GRANTOR'S NAME AND ADDRESS: Evalena E. Cooper, P.O. Box 546, Molalla, Oregon 97038. GRANTEE'S NAME AND ADDRESS: David T. Cooper, P.O. Box 546, Molalla, Oregon 97038. NAME, ADDRESS, ZIP: David A. Cooper, P.O. Box 546, Molalla, Oregon 97038. NAME, ADDRESS, ZIP: David A. Cooper, P.O. Box 546, Molalla, Oregon 97038. A change in address is requested all tax statements shall be sent to the following address: David A. Cooper, P.O. Box 546, Molalla, Oregon 97038. NAME, ADDRESS, ZIP: David A. Cooper, P.O. Box 546, Molalla, Oregon 97038.

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OREKA COUNTY, NEVADA
DECLARATION OF VALUE

143383

Recording Date 12/10/92 Book 242 Page 546 Instrument #

Full Value of Property Interest Conveyed _____ \$
 Less Assumed Liens & Encumbrances _____ \$
 Taxable Value (NRS 375.010, Section 4) _____ \$
 Real Property Transfer Tax Due _____ \$

Explain: _____

Transfer or sale between family members
 Parcel # 5-230-08
 mother to son

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

ESCROW HOLDER
 Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
 Signature of Declarant _____
 Name (Please Print) _____
 Escrow Number _____
 Firm Name _____
 Address _____
 City _____ State _____ Zip _____

INDIVIDUAL
 Under penalty of perjury, I hereby declare that the above statements are correct.
 Signature of Declarant *David A. Cooper*
 Name (Please Print) *David A. Cooper, AKA David T. Cooper*
 Address *P.O. Box 428*
Candy, Ore 97013
 State _____ Zip _____

Signature of Recorder or Representative *9791486*
 Tax paid for the above transfer on 12/10, 1992, per NRS 375.030, Section 3.

