

QUITCLAIM DEED
KNOW ALL MEN BY THESE PRESENTS, That DAVID T. COOPER
hereinafter called grantor,
hereinafter called grantor, DAVID A. COOPER
for the consideration hereinafter stated, does hereby remise, release and quitclaim unto
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 thereto belonging or in any
way appertaining, situated in the County of Eureka, State of Oregon, described as follows, to-wit:

Assessor's Parcel Number 5-230-03

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

BOOK 250 PAGE 231
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Thomas L. La Follett
93 AUG 20 P2:15
EUREKA COUNTY, NEVADA
M.N. REBAL EATL. RECORDED
FILE NO. 146147
FEE \$ 5.00

146147

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the 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

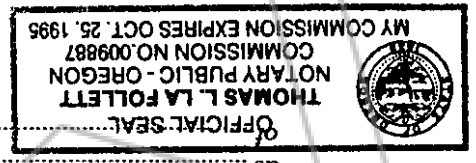
However, the actual consideration consists of or includes other property or value given or promised which is
part of the consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)
In construing this deed, where the context so requires, 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 3 day of June, 1993;
if a corporate grantor, it has caused its name to be signed and its seal, if any, 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 DE-
SCRIBED 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 Clatsop
ss.)
This instrument was acknowledged before me on June 3, 1993
by David T. Cooper

This instrument was acknowledged before me on June 3, 1993
by David T. Cooper

Thomas L. La Follett
Notary Public for Oregon
My commission expires 10-25-95



David T. Cooper
12178 South Mulino Road
Canby, Oregon 97013
Grantor's Name and Address
David A. Cooper
12178 South Mulino Road
Canby, Oregon 97013
After recording return to (Name, Address, Zip):
Thomas L. La Follett
PO Box 428
Canby, Oregon 97013
Until requested otherwise send all tax statements to (Name, Address, Zip):
David A. Cooper
PO Box 546
Molalla, Oregon 97038

SPACE RESERVED
FOR
RECORDER'S USE

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
ment/microfilm/reception No. and/or as fee/title/instru-
Record of Deeds of said County.
Witness my hand and seal of
County affixed.

NAME
TITLE
By Deputy

BOOK 250 PAGE 231

OREKA COUNTY, NEVADA
DECLARATION OF VALUE

Recording Date 8/20/93 Book 250 Page 231 Instrument # 146147

Full Value of Property Interest Conveyed

Less Assumed Liens & Encumbrances

Taxable Value (NRS 375.010, Section 4)

Real Property Transfer Tax Due

Exempt, state reason. NRS 375.090, Section 4 Explain:

Transfer or sale between family members.

Parcel #5-230-03

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

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

Signature of Declarant

David A. Cooper

Name (Please Print)

Thomas L. La Follette, PO Box 428

Address

Cabby, Oregon 97013

State

Zip

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

Tax paid for the above transfer on

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, per NRS 375.030, Section 3.

Signature of Recorder or Representative