

QUITCLAIM DEED

DAVID T. COOPER

KNOW ALL MEN BY THESE PRESENTS, That hereinafter called grantor, DAVID A. COOPER

hereinafter called grantor, 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 thereunto belonging or in any way appertaining, situated in the County of Nevada, State of Oregon, described as follows, to-wit:

Assessor's Parcel Number 5-230-08

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

BOOK 250 PAGE 232
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Thomas L. LaFollett
93 AUG 20 P2:16
EUREKA COUNTY, NEVADA
M.N. REBATE/ATL. RECORDER
FILE NO. FEE \$ 5.00
146148

(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 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 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.

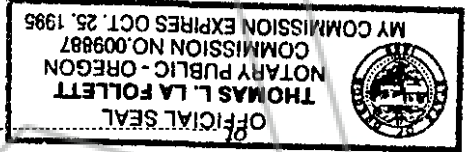
David T. Cooper

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 June 3, 1993, by David T. Cooper

This instrument was acknowledged before me on _____, 19____, by _____



Notary Public for Oregon
My commission expires 10-25-95

Thomas L. LaFollett

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

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

By _____, Deputy

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 3 Explain: _____

Transfer or sale between family members. _____

Parcel #5-230-08

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 Follett, PO Box 428

Address

Canby, 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 _____, 19____, per NRS 375.030, Section 3.

Signature of Recorder or Representative