

BOOK 269 PAGE 130
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
Mary Jean Labarry
 '94 MAY 23 A10 :27

EUREKA COUNTY, NEVADA
 M.N. REBALEATI, RECORDER
 FILE NO. **152620**

BOOK 269 PAGE 130

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

RECORDING REQUESTED BY AND MAIL TO
 NAME MARY JEAN LABARRY, TRUSTEE
 ADDRESS P.O. BOX 315
 CITY/ST/ZIP Eureka, Nevada 89316

IF APPLICABLE MAIL TAX STATEMENTS TO
 NAME MARY JEAN LABARRY, TRUSTEE
 ADDRESS P.O. BOX 315
 CITY/ST/ZIP Eureka, Nevada 89316

Signature *Mary Jean Labarry*
 MARY JEAN LABARRY
 (Print name here)

IN WITNESS WHEREOF, I/We hereunto set my hand/our hands this 15th day of MAY, 1994

Do hereby REMISE, RELEASE, and FOREVER QUITCLAIM to: THE MARY JEAN LABARRY FAMILY TRUST, Grantee's, the undersigned Grantor's, I and/or We, MARY JEAN LABARRY

For valuable consideration, the sum of _____ DOLLARS (\$ _____)

Dated this 15th day of MAY, 1994

the following described real property in the State of Nevada _____, County of Eureka

(Set forth legal description of real property AND commonly known address, if known)
 Book 70 Page 462
 Lots 6, 7, 8, 9A, and 9B in Block 41 of the Town of Eureka, County of Eureka, State of Nevada.

ASSESSORS PARCEL NO. (APN) 68435

STATE OF NEVADA
 COUNTY OF _____
 On this 15th day of MAY, 1994
 personally appeared before me, a Notary Public _____

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he — executed the instrument

WITNESS my hand and official seal

NOTARY PUBLIC
 ROBERT CECIL SMITH, JR.
 Notary Public
 State of Nevada
 Clark County

My Appointment Expires Oct. 28, 1995
 Nevada Legal Forms, Inc. (702) 870-8977 • Deed, Quitclaim • DED 104-G
 Consult an attorney if you doubt the form's fitness for your purpose.
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DECLARATION OF VALUE

Recording Date 5/23/94 Book 269 Page 130 Instrument 152620

Full Value of Property Interest Conveyed _____ \$
 Less Assumed Liens & Encumbrances _____ -
 Taxable Value (NRS 375.018, Section 2) _____ \$
 Real Property Transfer Tax Due _____ \$

If exempt, state reason. NRS 375.098, Section Exempt - Family Trust Exemption:

INDIVIDUAL				ESCROW HOLDER			
Under penalty of perjury, I hereby declare that the above statements are correct.				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				Signature of Declarant			
Name (Please Print)				Name (Please Print)			
Address				Address			
City				City			
State				State			
Zip				Zip			
Escrow Number				Escrow Number			
Firm Name				Firm Name			
Address				Address			
City				City			
State				State			
Zip				Zip			

NTC 8/22/93