

AND WHEN RECORDED MAIL THIS DEED AND UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

RECORDING REQUESTED BY

ESCROW NO. _____
TITLE ORDER NO. _____

153213

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Corporation Grant Deed

The undersigned grantor(s) declare(s):
Documentary transfer tax is \$ _____
A.P.N. 5-260-20

() computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.
() Unincorporated area: () City of _____, and

By this instrument dated June 8, 1994, for a valuable consideration

MBA REAL ESTATE, INC., A CALIFORNIA CORPORATION

a corporation organized under the laws of the State of CALIFORNIA hereby GRANTS to

ECURIE ENTERPRISES, INC., A NEVADA CORPORATION
143 Almond Ave. Modesto, Calif. 95354

the following described real property in the UNINCORPORATED AREA OF THE County of EUREKA, State of NEVADA

TOWNSHIP 30 NORTH, RANGE 49 EAST, M.D.B. & M. SECTION 11: SOUTH 1/2 OF SOUTH 1/2 EXCEPTING THEREFROM 90% OF THE RIGHT TITLE AND INTEREST OF THE GRANTOR IN AND TO COAL, OIL, GAS, AND OTHER MINERALS OF EVERY KIND AND NATURE WHATSOEVER, LYING IN AND UNDER SAID LAND, AS RESERVED BY STRATHEARN CATTLE COMPANY, ET AL, IN DEED RECORDER MAY 25, 1959, IN BOOK 25, PAGE 297, deed records, eureka county, NEVADA

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its _____ President and _____ Secretary thereunto duly authorized.

STATE OF CALIFORNIA
COUNTY OF _____
} ss.

On _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, proved to me on the basis of satisfactory evidence to be the _____ President, and _____ Secretary of the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within Instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

By _____
GARY R. HANSEN
President

By _____
GARY R. HANSEN
Secretary



BOOK 270 PAGE 275

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY IS SHOWN, MAIL AS DIRECTED ABOVE.

APD731 Name Street Address City & State

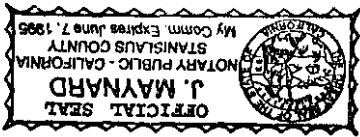
153213

EUREKA COUNTY, NEVADA
M.H. REBALZATI, RECORDER
FILE NO. FEE \$800

BOOK 270 PAGE 275
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eugene J. Wilson
94 JUN 24 P2:10

ST-165 (6/92)

(This area for official notarial seal)



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
J. Maynard
Signature

personally appeared _____
Cary P. Hansen

On *10/8/94* before me
J. Maynard

STATE OF CALIFORNIA }
COUNTY OF *Stanislaus* }
SS.

153213

DECLARATION OF VALUE

Recording Date 6/24/94 Book 270 Page 275 Instrument 1153213

Full Value of Property Interest Conveyed

\$ 7,500.00

Less Assumed Liens & Encumbrances

Taxable Value (NRS 375.010, Section 2)

Real Property Transfer Tax Due

\$ 9.75

If exempt, state reason. NRS 375.050, Section _____ Explain: _____

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	<i>Eugene J. Wilson</i>	Signature of Declarant	_____
Name (Please Print)	EUGENE J. WILSON	Name (Please Print)	_____
Address	143 ALMOND AVENUE	Address	_____
City	MODESTO CA.	City	_____
State	CA.	State	_____
Zip	95354	Zip	_____
Escrow Number	_____	Escrow Number	_____
Firm Name	_____	Firm Name	_____
Address	_____	Address	_____
City	_____	City	_____
State	_____	State	_____
Zip	_____	Zip	_____

NTC 6/22/93