

QUITCLAIM DEED

THIS INDENTURE, made this 27th day of May, 1995, by

and between ESTELLE GALLIANNE, dealing with her inherited separate property, party of the first part, and JAMES M. KLINE and HELEN M.

TAYLOR-KLINE, husband and wife, parties of the second part;

W I T N E S S E T H:

For and in consideration of the sum of ~~ONE DOLLAR (\$1.00)~~, (200⁰⁰)
Two Hundred Dollars
L.M.L. and
paid to the party of the first part by the parties of the second

part, the receipt whereof is hereby acknowledged, the said party of

the first part does by these presents remise, release and quitclaim

unto the parties of the second part, as joint tenants with right of

survivorship, and not as tenants in common, and to the survivor of

them, and to their assigns, and to the heirs, executors, adminis-

trators and assigns of the survivor, forever, all of her right, title

and interest in that certain property situate in the County of

Eureka, State of Nevada, more particularly described as follows:

TOWNSHIP 31 NORTH, RANGE 49 EAST, MDB&M.

Section 12: SE $\frac{1}{4}$ of the SE $\frac{1}{4}$

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversions and reversions, remainder and remainders, rents, issues and profits thereof.

ROSS P. EARDLEY

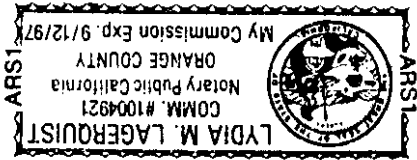
ATTORNEY AT LAW

469 IDAHO STREET

ELKO, NEVADA 89801

TELEPHONE (702) 738-4046 - FAX (702) 738-6286

BOOK 284 PAGE 568



Grantees' Address:
 P.O. Box 553
 Carlin, Nevada 89822
 APN 5-080-26

Lydia M. Lagerquist

 NOTARY PUBLIC

instrument, who acknowledged that she executed the instrument.
 proved) to me to be the person whose name is subscribed to the above
 before me, a notary public, ESTELLE GALLIANNE, personally known (or
 On the 27th day of May, 1995, personally appeared

STATE OF)
 :
 : SS.
)
 COUNTY OF

Estelle Gallianne

 ESTELLE GALLIANNE

set her hand the day and year first above written.
 IN WITNESS WHEREOF, the party of the first part has hereunto
 the survivor, forever.
 assigns, and to the heirs, executors, administrators and assigns of
 right of survivorship, and not as tenants in common, and to their
 tenances, unto the parties of the second part, as joint tenants with
 TO HAVE AND TO HOLD said premises, together with the appur-

CONSENT OF SPOUSE

The undersigned, William H. Gallienne, husband of

ESTELLE GALLIANNE, hereby joins in the above Deed and conveyance and

hereby acknowledges the fact that he has no interest in the property

which is the subject of this Deed and that he further acknowledges

that he relinquishes any interest which might otherwise accrue to him

in the future by way of community property or other rights.

DATED: 10 May, 1995.

William H. Gallienne

STATE OF)
 : SS.
)

COUNTY OF)

On the 10th day of May, 1995, personally appeared

before me, a notary public, LYDIA M. LAGERQUIST, personally

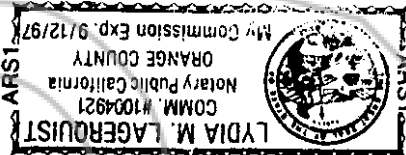
known (or proved) to me to be the person whose name is subscribed to

the above instrument, who acknowledged that he executed the instru-

ment.

NOTARY PUBLIC

Lydia M. Lagerquist



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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
James Kline
95 AUG 16 AM 11:10

EUREKA COUNTY NEVADA
MIN. REBAL. ATT. RECORDER
FEES \$9.00
FILE NO.

158463

BOOK 284 PAGE 570

DECLARATION OF VALUE
FURBERA
 COUNTY, NEVADA

Recording Date 8/16/95 Book 284 Page 568 Instrument # 158463

Full Value of Property Interest Conveyed \$ 200,000
 Less Assumed Liens & Encumbrances --
 Taxable Value (NRS 375.010, Section 4) \$
 Real Property Transfer Tax Due \$.65

If exempt, state reason. NRS 375.090, Section 4. Explain: _____

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

INDIVIDUAL _____ ESCROW HOLDER _____

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

Signature of Declarant: James M. Klive
 Name (Please Print): JAMES M. KLIVE
 Address: PO BOX 553
 City: Carlin NV State: NV Zip: 89822

Signature of Declarant _____
 Name (Please Print) _____
 Escrow Number _____
 Firm Name _____
 Address _____
 City _____ State _____ Zip _____

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 8/16/95