When recorded, mail to:	BOOK 303 PAGE 277  AFFICIAL RECORDS  PECONDED AT THE PEOUEST OF
Name: Karon M. Hollander	Garan In Hollander 96 NOV 15 PM 12: 53
Address: P.O. Box 2	
Gold Run. CA 95717-0002	EUREKA COUNTY NEYADA M.N. REBALEATI. RECORDER FILE NO. FEES 7.00
City/State/Zip Code:	165035
	Space above this line for Recorder's use
QUIT	CLAIM DEED
KNOW ALL MEN BY THESE PRESENTS: That I(we), Ron Jones	
the undersigned, for the consideration of Ten (10)	Dollars, and other valuable considerations, do hereby release,
remise, and forever quitclaim unto Karon M.	Hollander and V. M. Gruening
all right, title and interest in that certain Property s State ofNevada, and describe	
State of	
Section 33, Township 29 North	n, Range 48 East, MDB&M
SW4 NE4 SE4	
Parcel 005-470-18	
ROII 002498-	28 Or Anhon
IN WITNESS WHEREOF, I(we) have hereunto se	et my(our) hand(s) and seal this day of
19 74	Mileasor Refleasor
	Releasor
State of Arizona	)
County of YAVA PA	) ss. ACKNOWLEDGMENT  )
On this 28 day of October	, 19 96, before me, the undersigned Notary Public,
personally appeared KON JONIES	
known to me to be the individual(s) who executed his(her)(their) free act and deed.	d the foregoing instrument and acknowledged the same to be
My Commission Expires: OFFICIAL SE SHAWN STRM	VED V VIVANUL
PI CS   Notary Public - State	

## DECLARATION OF VALUE Eureka COUNTY, NEVADA

Recording Date <u>//-/5-96</u> Book <u>303</u> Page <u>277</u>	instrument # <u>/65035</u>
Full Value of Property Interest Conveyed	s\
Less Assumed Liens & Encumbrances	
Taxable Value (NRS 375.010, Section 4)	\$ <u>3900.00</u>
Real Property Transfer Tax Due	s <u>5.20</u>
f exempt, state reason. NRS 375.090, Section 1	
INDIVIDUAL	ESCROW HOLDER
Under penalty of perjury, I hereby declare that the above statements are correct.  Signature of Declarant  V. M. Gruening  Name (Please Print)  P. D. Box Z  Address  Grid Run G 95717-0007  City State Zip	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
	Address  City State Zip

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<sup>•</sup> Tax paid for the above transfer per NRS 375.030 Sec. 3 on \_// 1 /5 1 96