

WARRANTY DEED

THIS INDENTURE, Made this 23 day of JUNE, 19 97

BETWEEN, hereinafter known as Grantor: JEFFREY A. LYNN, a single man

whose address is N.C. 66 UNIT 2, BOX 6, BLOWAVE, NV 89881

hereinafter known as Grantee: Crescent Valley Emergency Relief Fund Inc. P.O. Box 211027

whose address is CRESSENT VALLEY, NV 89821

WITNESSETH, That said Grantor, for and in consideration of the sum of:

FIVE THOUSAND DOLLARS, (\$ 5,000)

and Other Good and Valuable Consideration to h IM by the said Grantee, the receipt whereof is hereby confessed and acknowledged, does by these presents grant, bargain, sell, remise, release, alien and confirm unto the Grantor, and to h and assigns, FOREVER, all that certain piece or parcel of land situate and being in the City of

County of EUREKA and State of Nevada, and described as follows, to-wit: (set forth legal description of real property and commonly known street address, if known)

NW 1/4, NE 1/4, NE 1/4, Section 17, T-30N, R48E

ASSESSOR PARCEL NO. 5 - 200-01

Together with all and singular the hereditament and appurtenances thereunto belonging or in anywise appertaining: To Have and to Hold the said premises, as herein described, with the appurtenances, unto the said Grantee, and to h heirs and assigns, FOREVER. And the said party of the first part, for h heirs, executors and administrators, does covenant, grant, bargain and assigns, that at the time of the delivery of these presents he is well seized of the above granted premises in fee simple; that they are free from all encumbrances whatever and that he will, and h heirs, executors and administrators shall Warrant and Defend the same against all lawful claims whatsoever,

In Witness Whereof, I/We have hereunto set my hand/our hands this 25 day of June, 19 97

(Signature) Jeffrey A. Lynn

(Print or type name here) JEFFREY A LYNN

(Signature)

(Print or type name here)

RECORDING REQUESTED BY AND MAIL TO

NAME ADDRESS CITY/ST/ZIP

If applicable mail tax statements to

NAME ADDRESS CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

BOOK 309 PAGE 070

OFFICIAL RECORDS RECORDED AT THE REQUEST OF Jeffrey A. Lynn JUN 25 AM 10:00

EUREKA COUNTY NEVADA M.N. REBAL EATL. RECORDER FEES 7.00 FILE NO. 166961

Notary Public BARBARA BAILEY Notary Public State of Nevada Appointment Recorded in Eureka County MY APPOINTMENT EXPIRES OCT. 11, 1997 Nevada Legal Form * Deed/Warranty * DED 102

Witness my hand and official seal

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

Jeffrey A. Lynn

On this 25 day of June, 19 97

COUNTY OF Eureka STATE OF NEVADA

(Print or type name here)

(Signature)

(Print or type name here)

DECLARATION OF VALUE COUNTY, NEVADA

Recording Date 6-25-97 Book 6-25-97 Page _____ Instrument # _____

Full Value of Property Interest Conveyed	\$ <u>5,000</u>
Less Assumed Liens & Encumbrances	_____
Taxable Value (NRS 375.010, Section 4)	\$ _____
Real Property Transfer Tax Due	\$ <u>650</u>

If exempt, state reason, NRS 375.030, Section 3. Explain: _____

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

<p>Under penalty of perjury, I hereby declare that the above statements are correct.</p>	<p>Under penalty of perjury, I hereby declare that the above statements are correct.</p>
<p>ESCROW HOLDER</p>	<p>INDIVIDUAL</p>

<p>Signature of Declarant _____</p>	<p>Signature of Declarant <u>Jeffrey A. Lynn</u></p>
<p>Name (Please Print) _____</p>	<p>Name (Please Print) <u>JEFFREY A. LYNN</u></p>
<p>Address _____</p>	<p>Address <u>H.C. 64 BOX 6 UNIT 2 BROADVIEW NV 89821</u></p>
<p>City _____</p>	<p>City _____</p>
<p>State _____</p>	<p>State _____</p>
<p>Zip _____</p>	<p>Zip _____</p>

<p>Escrow Number _____</p>	<p>Escrow Number _____</p>
<p>Firm Name _____</p>	<p>Firm Name _____</p>
<p>Address _____</p>	<p>Address _____</p>
<p>City _____</p>	<p>City _____</p>
<p>State _____</p>	<p>State _____</p>
<p>Zip _____</p>	<p>Zip _____</p>

<p>City _____</p>	<p>City _____</p>
<p>State _____</p>	<p>State _____</p>
<p>Zip _____</p>	<p>Zip _____</p>

* Tax paid for the above transfer per NRS 375.030 Sec. 3 on _____