

QUITCLAIM DEED

172518

APN #: 005-410-04

The Undersigned grantor(s) declare(s): This conveyance transfers the grantor(s) interest into a Revocable Living Trust  
There is no consideration for this transfer. (Documentary transfer Tax -0-.)

LELAND V. GARDNER and LOLA M. GARDNER, Husband and Wife as Husband and Wife as Joint Tenants

Hereby REMIS, RELEASES and QUITCLAIMS to: LELAND V. GARDNER and LOLA M. GARDNER Trustee(s) of THE GARDNER TRUST, Dated 7-11-99,

The following described real property in the City of \_\_\_\_\_, County of EUREKA, State of Nevada

THE EAST HALF (E-1/2) OF THE NORTHWEST QUARTER (NW-1/4) OF SECTION 21, TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Witness my hand this 21 day of JULY, 19 99.

Leland V. Gardner  
LELAND V. GARDNER

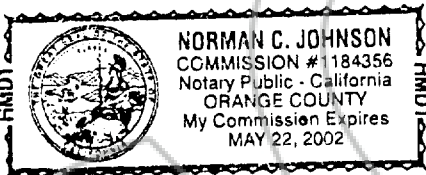
Lola M. Gardner  
LOLA M. GARDNER

STATE OF CALIFORNIA )  
COUNTY OF \_\_\_\_\_ )

On JULY 21, 1999

Personally appeared before me, a Notary Public, LELAND V. GARDNER and LOLA M. GARDNER who acknowledged that he/she/they executed the above instrument.

[Signature]  
Notary Public



Notarial Seal

WHEN RECORDED MAIL TO:  
LELAND V. GARDNER and LOLA M. GARDNER  
P.O. BOX 1789  
BUELLTON, CA 93427

BOOK 328 PAGE 277  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
AmeriState Legal Plan Inc.  
99 AUG 16 PM 1:16

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. \_\_\_\_\_ FEES \$7.00

172518

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# DECLARATION OF VALUE

Instrument # 122518

Full Value of Property Interest Conveyed \$ \_\_\_\_\_

Less Assumed Liens & Encumbrances - \_\_\_\_\_

Taxable Value (NRS 375.010) \$ \_\_\_\_\_

Real Property Transfer Tax Due \$ \_\_\_\_\_

If exempt, state reason. NRS 375.090, Section \_\_\_\_\_ Explain:

Exemption # 8 . Transfer to a trust without consideration

## INDIVIDUAL

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

Lola M. Gardner  
Signature of Declarant

LOLA M. GARDNER  
Name (Please Print)

PO BOX 1789  
Address

Buellton CA 93427  
City State Zip

## ESCROW HOLDER

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

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip