

173694

After recordation, return Quitclaim
Deed and mail future property
tax statements to:

Mark & Teresa Moyle
1999 Strasdin Lane
Fallon, Nevada 89406

APN: 007-140-18

QUITCLAIM DEED

Mark S. Moyle and Teresa Y. Moyle, as Co-Trustees under the Mark & Teresa Moyle Family Trust, hereby quitclaim to Mark Moyle Farms, LLC, a Nevada limited liability company of this same date, all of their right, title and interest in the real property located in Eureka County, Nevada and more particularly described as follows:

Township 22 North, Range 54 East, MDB&M.

Section 22: W 1/2 W 1/2

EXCEPTING THEREFROM all the oil and gas in the land so patented, as reserved by the United States of America, in deed recorded November 15, 1965, in Book 9, Page 141, as Document No. 41498, Official Records, Eureka County, Nevada.

TOGETHER WITH all water, water rights, rights to the use of water, dams, ditches, canals, pipelines, reservoirs, wells, pumps, pumping stations, and all other means for the diversion or use of water appurtenant to the said land or any part thereof, for irrigation, stockwatering, domestic or any other use.

Certificate #6963, Permit #19110.

Dated this 23rd day of Dec, 1999.

The Mark & Teresa Moyle Family Trust

By Mark S Moyle
Mark Moyle, Co-Trustee

By Teresa Moyle
Teresa Moyle, Co-Trustee

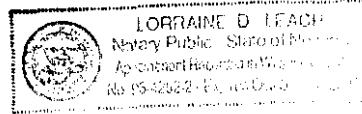
BOOK 332 PAGE 120

WALTHER, KEY, MAUPIN, OATS, COX & LIGOTY, ATTORNEYS AT LAW, RENO, NEVADA

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

This Quitclaim Deed was acknowledged before me on December 23, 1999,
by Mark S. Moyle and Teresa Y. Moyle, as Co-Trustees of The Mark & Teresa Moyle
Family Trust.

Lorraine D. Leach
Notary Public



WALTHER, KEY, MAUPIN, OATS, COX & LEGOY, ATTORNEYS AT LAW, RENO, NEVADA

COOPY

BOOK 332 PAGE 20
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Walther Key Maupin Oats Cox Legoy
99 DEC 27 PM 1:05

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 8.00

173694

BOOK 332 PAGE 21

State of Nevada Declaration of Value

✗1. Assessor Parcel Number(s)

- a) 007-140-18
- b) _____
- c) _____
- d) _____

✗2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>173694</u>
Book:	<u>332</u> Page: <u>120</u>
Date of Recording:	<u>12-27-99</u>
Notes:	_____

✗3. Total Value/Sales Price of Property:

\$ 80,000

Deduct Assumed Liens and/or Encumbrances:

(_____)

(Provide recording information: Doc/Instrument #:

Book: _____ Page: _____)

Transfer Tax Value per NRS 375.010, Section 2:

\$ -0-

Real Property Transfer Tax Due:

\$ -0-

✗4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
- b. Explain Reason for Exemption: The Mark & Teresa Moyle Family Trust owns 100% of Mark Moyle Farms, LLC. There are no other owners.

5. Partial Interest: Percentage being transferred: 100 %

The undersigned Seller (Grantor)/Buyer (Grantee), declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1½% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

SELLOR (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

✗ Seller Signature: Teresa Moyle
 Print Name: Mark S. Moyle or Teresa Y. Moyle, Co-Trustees of The Mark & Teresa Moyle Family Trust
 Address: 1999 Strasdin Lane
 City: Fallon
 State: Nevada Zip: _____
 Telephone: (775) 867-4800
 Capacity: Co-Trustee of the Trust

✗ Buyer Signature: Teresa Moyle
 Print Name: Mark S. Moyle, Co-Trustee of The Mark & Teresa Moyle Family Trust, Manag
 Address: _____
 City: same
 State: _____ Zip: _____
 Telephone: () _____
 Capacity: Manager of the limited liability comp

COMPANY REQUESTING RECORDING

Co. Name: _____ Esc. #: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)