

176855

Recording Requester and
When Recorded Map:
Mail Tax Statement:

Anna M. Teichert
26206 NE 194th Ave
Battle Ground WA 904

GRANT DEED

The undersigned grantor(s) declare(s): Documentary transfer tax is \$0 computed on full value less liens and encumbrances remaining at time of sale.


FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I, **Anna M. Teichert, trustee of the David A. and Margaret V. Wixom Family Trust,** GRANT to **David Wixom and Margaret V. Wixom, husband and wife, as joint tenants,** all that real property in the County of Eureka, State of Nevada, described as follows: The Southeast 1/4 of Section 29, Township 30 North, Range 50 East, Mount Diablo Base and Meridian.

EXCEPTING 90 percent of all coal, oil, gas and other minerals including the right of entry as reserved that certain deed from Strathearn Cattle Company, a corporation, et. al. Mae Nichols, dated April 30, 1959.

SUBJECT TO: Restrictions, conditions, reservations, rights, rights of way and easements now of record, if any, affecting the use and occupancy of said property as the same may now appear of record, particularly in Book 25, Page 240, Deed records of Eureka County.

APN: 005-340-10

Dated: August 15, 21


Anna M. Teichert, trustee

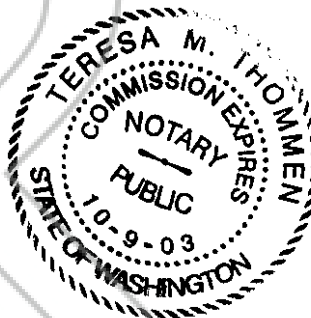
ACKNOWLEDGMENT

State of Washington)
County of Clatsop)

On August 12, 2001, before me, Teresa M. Thammer, Notary Public, personally appeared Anna M. Teichert, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacities, and that by his/her/their signatures on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Teresa M. Thammer
Signature



BOOK 343 PAGE 3
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Anna M. Teichert Trustee
01 AUG 29 AM 11:5

EUREKA COUNTY NEVA
M.N. REBALEATI, RECORDER
FILE NO. FE 8⁰⁰

176855

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

a) 005-340-10
b) _____

FOR RECORDERS OPTIONAL USE ONLY

2. Type of Property

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

Document/Instrument #: 176855

Book: 343 Page: 43

Date of Recording: 8/29/01

Notes: _____

3. Total Value/Sale Price of Property:

Deduct Assumed Lien and/or Encumbrances:
(Provide recording information: Doc/Instrument
Transfer Tax Value per NRS 375.010, Section 2:

\$ _____
(\$ _____)
(# _____ Bk _____ Pg _____)
\$ 0

Real Property Trans Tax Due:

\$ 0

4. If Exemption Claimed:

Transfer Tax Exemption, per NRS 375.090, Section: 8
Explain Reason for Exemption: Transfer of title out of the David A.

Wixom & Margaret V Wixom Family Trust

5. Partial Interest Percentage Being Transferred: N/A %

The undersigned Seller and/or Buyer (Grantee), declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, 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 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 1 1/2% per month. Pursuant to NRS 375.0, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Seller Signature: _____

Buyer Signature: Anna M. Teichert

Print Name: _____

Print Name: Anna M Teichert

Address: _____

Address: 26206 NE 194th Avenue

City: _____

City: Battle Ground

State: _____ Zip: _____

State: WA Zip: 98604

Telephone: () _____

Telephone: (360) 687-6822

Capacity: _____

Capacity: Trustee of The David A Wixom

Margaret V Wixom Family Trust
COMPANY REQUESTING RECORDING

Co. Name: _____ Esc. #: _____

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