177251

DEED

THIS INDENTURhade and entered into this 5th day of December, 2001 by and between JOAN SHANGI TRUSTEE, in and for Eureka County, State of Nevada, Party of the First Part; and Joseph Schuh, whose address is P.O. Box 160, Baker, Nevada 89311.

WITNESSETH:

That the First Party and in consideration of the sum of TEN DOLLARS (\$10.00), current, lawful money for United States of America, to her in hand paid, and other good and valuable consideration, theceipt whereof is hereby acknowledged, does by these presents grant bargain, sell, convey, and ifirm unto the Second Party all that certain property situate, lying and being in the County oureka, State of Nevada, and more particularly described as follows, to-wit:

Assessor'arcel Number 01-134-06 Lots 1, 2, 1 and 5 in Block 12 in the Town of Eureka, State of Nevada.

TOGETR with the tenements, hereditaments and appurtenances belonging in anywise appertaining, the reversion and reversions, Remaindend remainders, rents, issues and profits thereof.

TO HAVE AND TOLD the said premises, with appurtenances, hereditaments, tenements, and improvems thereunto belonging or in anywise appertaining; unto said Party of the Second Part, and in survivors forever.

IN WITNESS WHEOF, the said Party of the First Part has hereunto set her had the day and year first hereinale written.

Joan Shangle, Trustee

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STATE OF NEVADA)	
County of Eureka)	
SHANGLE, the county Tsurer and Ex-Office and official described then, and who execute	e freely and voluntarily, and as such County
IN WITNESS WHEOF, I have hereur office in the said County i State, the day and	nto set my hand and affixed my official seal at my year hereinabove written.
	Michal I Relatante
	Michael N. Rebaleati Recorder in and for the County of Eureka, State of Nevada
	BOOK 345 PAGE 003 OFFICIAL RECORDS RECORDED AT THE REDUEST OF COLOR COSTA 01 DEC -6 AM 8: 36
	EUREKA COUNTY NEVADA M.N. REBALEATI. RECORDER FILE NO. FEE\$ /5
	177251
	BOOK 3 4 5 PAGE O O 4

STATE OF NEVDA DECLARATIONS VALUE

1. Assessor Parcel Nuier (s)	Document/Instrument#: /7/25/
a) 01-1.34-06	Book: 345 Page: 003
b)	Date of Recording: 12-6-01
c)	Notes:
d)	
2. Type of Property: a)	nd'I
3. Total Value/Sales ice of Property: Deed in Lieu of Foresure Only (value of proper Transfer Tax Value: Real Property Transfeax Due:	ty) \$
4. If Exemption Claims a. Transfer Tax Exerion, per NRS 375.090, Section b. Explain Reason sexemption: The property owner.	
5. Partial Interest: Pentage being transferred:	96
and NRS 375.110, that tinformation provided is co belief, and can be supped by documentation if calle provided herein. Furtherre, the disallowance of an of additional tax due, massult in a penalty of 10% of	ed upon to substantiate the information y claimed exemption, or other determination
Pursuant to NRS 375.0 the Buyer and Seller sh	all be jointly and severally liable for any
additional amount owe	
Signature	Capacity
Signature Signature	Capacity
	BUYER (GRANTEE) INFORMATION
(PEOLIPED)	(REQUIRED)
Print Name: Eurek, oughy TREAS Pri	(REQUIRED) int Name:
(REQUIRED) Print Name: <u>Eurek Ougly TREAS</u> Pri Address: Ad	(REQUIRED) int Name: dress:
Print Name: <u>Eurek Ounty TREAS</u> Pri Address: Ad City:	(REQUIRED) int Name: dress:
Print Name: <u>Eurek Ounty TREAS</u> Pri Address: Ad City: Cit	(REQUIRED) int Name: dress:
Print Name: <u>Eurek Ougly TREAS</u> Pri Address: Ad City: Cit State: p: Sta	(REQUIRED) int Name: dress:
Print Name: Eurek Oughy TREAS Print Name: Eurek Oughy TREAS Print Address: Address: Address: City: City: State: p: State: State: P: State: State: State: State: State: State: P: State:	(REQUIRED) Int Name: dress: cy: ate: Zip:
Print Name: Eurek Ougly TREES Print Name: Eurek Ougly TREES Print Address: City: City: City State: p: State: COMPANY/PERSONEQUESTING RECORD (REQUIRED IF NOT THE SELLER BUYER) Print Name:	(REQUIRED) int Name: dress:
Print Name: Eurek ought TREAS Print Name: Eurek ought TREAS Print Address: Address: Address: City: City: State: p: State: State: P: State: State: P: State: State: State: State: P: State: Stat	(REQUIRED) Int Name: dress: cy: ate: Zip:

(AS A PUBLIFECORD THIS FORM MAY BE RECORDED)