

APN 007-400-21
007-400-22

178083

GRANT, BARGAIN AND SALE DEED

FOR AND IN CONSIDERATION OF Ten Dollars (\$10.00) and other valuable consideration, the receipt of which is hereby acknowledged, AARON BUFFINGTON and ETHEL M. BUFFINGTON, trustees for the Buffington Family Trust, (herein referred to as "GRANTORS") hereby grant, bargain and sell to Kenneth M. Sanders and Lola R. Sanders, joint tenants herein referred to as "GRANTEES"), and their assigns and their heirs, forever, the property and premises located in the County of Eureka, State of Nevada, more particularly described as follows:

1 of Parcel 2, Section 18, Township 21N,
R1E 53 E, RDB&M.

Lot 2 of Parcel 2, Section 18, Township 21N
R1E 53 E RDB&M

TOGETHER WITH any and all buildings and improvements thereon.

TOGETHER WITH tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and residues, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the described premises to the GRANTEES, their assigns, their heirs, and forever.

IN WITNESS WHEREOF the GRANTORS have signed this deed

on the 2 day May, 2002.

Aaron Buffington
AARON BUFFINGTON

Ethel M. Buffington
ETHEL M. BUFFINGTON

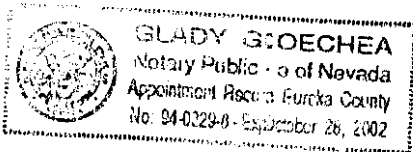
BOOK 347 PAGE 102

STATE OF NEVADA)

SS

COUNTY OF EUREKA)

On May 2, 2002, personally appeared before me, a Notary Public, A. ON BUFFINGTON, who acknowledged to me that he executed the foregoing instrument.



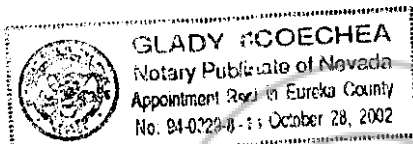
Gladys Goicoechea
NOTARY PUBLIC

STATE OF NEVADA)

SS

COUNTY OF EUREKA)

On May 2, 2002, personally appeared before me, a Notary Public, ETHEL BUFFINGTON, who acknowledged to me that she executed the foregoing instrument.



Gladys Goicoechea
NOTARY PUBLIC

GRANTORS' ADDRE: Box 243, Eureka, Nevada 89316

GRANTEES' ADDRE:

BOOK 347 PAGE 102
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Aaron Buffington
02 MAY -2 PM 4:27
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 15⁰⁰

178083

BOOK 347 PAGE 103

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number:

- a) 07400-22
b) 07400-21
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 178083
Book: 347 Page: 102
Date of Recording: 5-2-02
Notes: _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input checked="" type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price Property:

Deed in Lieu of Foreclosure (value of property) \$ 46,800
Transfer Tax Value: \$ _____
Real Property Transfer Tax: \$ 61.10

4. If Exemption Claimed:

- a. Transfer Tax Exemption NRS 375.090, Section: _____
b. Explain Reason for Exemption: _____

5. Partial Interest: Percent being transferred: _____ %

The undersigned 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, 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% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Aaron B. Fington Capacity _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: AARON B. FINGTON
Address: BX 243
City: EVANSVILLE
State: _____ Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)