

QUIT CLAIM DEED

THIS INDENTURE WITNS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE
(ERICA GROSSBAR)

for and in consideration of Four thoand Dollars (\$4,000.00) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): SLAGOWSK RANCHES INC.

CARL F. SLAGOWSKI whose street address is (if applicable): HC 65 BO30 PINE VALLEY, situate in the City of CARLIN, County of _____, State of NEVADA

bounded and described as follo: (Set forth legal description)

TOWNSHIP NORTH, RANGE 52 EAST, MDB&M
Section 3S2NW4SW4; NW4NW4SW4

Together with all and singular hditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have unto set my hand/our hands on August 19, 2002

Mary Jo Castaneda
Signature of Grantor

Signature of Grantor

Mary Jo Castaneda, Eeka County Treasurer
Print or type name here

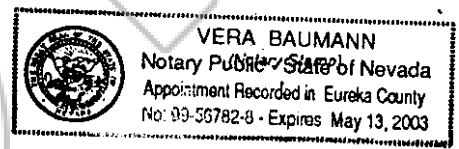
Print or type name here

STATE OF NEVADA
COUNTY OF EUREKA

This instrument was acknoved before me on (date) August 21, 2002

By (person(s) appearing before notary public) Carl F. Slagowski

Vera Baumann
Notary Public
My commission expires: _____



RECORDING REQUESTED BY AND MAIL TAX STAENT TO
Name: Slagowski Rancs Inc.
Address: HC 65 Box 30 Pine Valley
City/State/Zip: Carlin, NV 89822
% Carl F Slagowski

THIS SPACE FOR RECORDERS USE ONLY
BOOK 349 PAGE 140
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Slagowski Ranches, Inc.
02 AUG 21 PM 2:43
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. _____ FEES 14.00

DED104
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BOOK 349 PAGE 140 178504

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

1. Assessor Parcel Numr (s)

- a) 005-670-4
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|-------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twn | 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"/> | Agricultura | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Ice of Property:

Deed in Lieu of Foreure Only (value of property) \$ 4000.00

Transfer Tax Value: \$ _____

Real Property Transf tax Due: \$ 5.20

4. If Exemption Claim:

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

5. Partial Interest: Pentage being transferred: _____ %

The undersigned declarand acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that information provided is correct to the best of their information and belief, and can be supped by documentation if called upon to substantiate the information provided herein. Furthere, the disallowance of any claimed exemption, or other determination of additional tax due, mresult in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.0 the Buyer and Seller shall be jointly and severally liable for any additional amount ow

Signature: Carl Slayowski Capacity: OWNER

Signature: _____ Capacity: _____

SELLER (GRANTO INFORMATION

(REQUIRED)

Print Name: _____

Address: _____

City: _____

State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Carl F. Slayowski

Address: HC 105-30 PINE VALLEY

City: CARLIN NEV.

State: _____ Zip: 89822

COMPANY/PERSOREQUESTING RECORDING

(REQUIRED IF NOT THE SER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____

(AS A PUC RECORD THIS FORM MAY BE RECORDED)