

QUIT CLAIM DEED

THIS INDENTURE WITNESSES That the GRANTOR(S): EUREKA COUNTY TREASURER, TR STEE
(ALBERT ROSSI/SNEY & G. FISHER) for and in
consideration of Two thousand seven hundred Dollars (\$ 2,700.00) 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): SLAGOWSKI RANCHES INC.

CARL F. SLAGOWSKI whose street address
is (if applicable): HC 65 R 30 Pine Valley, situate in the City
of Carlin, County of _____, State of Nevada
bounded and described as follows: (Set forth legal description)

TOWNSHIP NORTH, RANGE 51 EAST, MDB&M

Section 1 SW4SW4

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

Mary Jo Castaneda
Signature of Grantor

Signature of Grantor

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

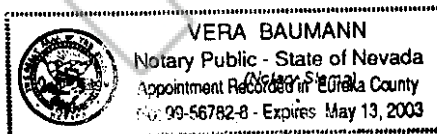
Print or type name here

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged 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 TAXEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Slagowski Ranches Inc.

Address: HC 65 Box Pine Valley

City/State/Zip: Carlin NV 89822

% Carl F. Slagowski

DED104

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BOOK 349 PAGE 141

BOOK 349 PAGE 141
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Slagowski Ranches Inc
02 AUG 21 PM 2:44

EUREKA COUNTY / NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 178505
FEES 14.00

STATE OF NEVDA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 5-650-27
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#:

Book:

Page:

Date of Recording:

Notes:

2. Type of Property:

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

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ 2700⁰⁰

\$

\$

\$ 390

4. If Exemption Claim:

a. Transfer Tax Exemption, per NRS 375.090, Section:

b. Explain Reason Exemption:

5. Partial Interest: Percentage being transferred:

%

The undersigned declarant 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 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 375.0, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature

Carl F. Slagowski

Capacity

OWNER

Signature

Capacity

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name:

Address:

City:

State:

Zip:

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name:

Address:

City:

State:

Zip:

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name:

Address:

City:

State:

Zip:

Escrow #

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)