Order No. Escrow No. Loan NO.

WHEN RECORDED MAIL TO:

JOHN R. REEDY, INC. 3434 Truxtun Avenue, #220 Bakersfield, CA 93301

APN: 070-090-02; 070-090-01;

070-020-01

воок 376 PAGE. 365-366 OFFICIAL RECORD EUREKA COURTY: NEVADA M.N. REBALEATI. RECORDER

FEES 150

FILE NO. 185974

SPACE ABOVE THIS LINE FOR RECORDER'S USE The undersigned transferor(s) declare (s) DOCUMENTARY TRANSFER TAX \$ 198.90

... Computed on the consideration or value of property conveyed; OR

...Computed on the consideration or value less liens or encumbrances remaining at time of sale.

## QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, LISA HANCE, a married woman as her sole and separate property, JULIE RANDOLPH, a married woman as her sole and separate property, and FRANCES PETERSON, a married woman as her sole and separate property

do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to JAMES F. ETCHEVERRY, a single man

the real property in the City of County of Eureka

State of Nevada, described as

"A" SEE EXHIBIT

Dated

STATE OF CALIFORNIA COUNTY OF Kern

May 14, 2003

before me,

SS.

Kellev A. Barrett

personally appeared Lisa Hance

Julie Randolph and Frances Peterson

personally know to me (or proved to me on the basis FRANCES PETERSON 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 capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the

person(s) acted, executed the instrument.

WITNESS my hand and offici

MAIL TAX STATEMENTS TO:

James F. Etcheverry

16249 Winfield

Signature

Bakersfield, CA 93312



(This area for official notarial seal)

## EXHIBIT "A"

ALL GRANTORS' RIGHT, TITLE AND INTEREST IN AND TO THE FOLLOWING:

Township 22 North, Range 49 East, MDB&M

Section 8:

S1/2SE1/4

Section 17:

N1/2NE1/4; SEL/4NE1/4

SUBJECT TO EXCEPTIONS AND RESERVATIONS OF RECORD.

APN: 07-090-02

Section 21 T23N, R49E

E2NE4; N2SE4; SW4SE4

Section 28

W2NE4; SE4NE4; W2SE4; E2SW4; NE4SE4

Section 33 W2E2; E2W2; SW4SW4

APN: 7-020-01

T22N, R49E

Section 4

Lots 2, 3, & 4; SE4NW4; S2NE4;

NE4SW4; W2SE4

Section 9

W2E2

Section 16

NW4NE4

APN: 7-090-01

## STATE OF NEVADA DECLARATION OF VALUE

|                                                                                                                                                                                                                                | , I                                                                    | CORDERS OPTIONAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Assessor Parcel Number (s)                                                                                                                                                                                                  | Docum                                                                  | ent/Instrument#: /85974                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| a) 07-090-02<br>b) 07-020-01                                                                                                                                                                                                   | Book;                                                                  | 376 Page: 365-366                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| c) 07-020-01                                                                                                                                                                                                                   |                                                                        | Recording: 3-15-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| d)                                                                                                                                                                                                                             | Notes:                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Type of Property:  a)                                                                                                                                                                                                       | Single Fam Res.<br>2-4 Plex<br>Comm'l/Ind'l<br>Mobile Home             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Total Value/Sales Price of Property                                                                                                                                                                                         | : \$                                                                   | 58,978.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Deed in Lieu of Foreclosure Only (value                                                                                                                                                                                        |                                                                        | 25,770.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Transfer Tax Value:                                                                                                                                                                                                            | \$                                                                     | 7 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Real Property Transfer Tax Due:                                                                                                                                                                                                | \$                                                                     | 198.90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4. If Exemption Claimed:  a. Transfer Tax Exemption, per NRS 375  b. Explain Reason for Exemption:                                                                                                                             |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |                                                                        | V /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The undersigned declares and acknowledge and NRS 375.110, that the information provibelief, and can be supported by documentation provided herein. Furthermore, the disallowate of additional tax due, may result in a penalty | ded is correct to the<br>ion if called upon to<br>nce of any claimed ( | best of their information and substantiate the information exemption, or other determination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pursuant to NRS 375.030, the Buyer and t                                                                                                                                                                                       | Seller shall be joint                                                  | ly and severally liable for any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| additional amount owed.                                                                                                                                                                                                        | 1                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature                                                                                                                                                                                                                      |                                                                        | Capacity Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature                                                                                                                                                                                                                      |                                                                        | Capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| SELLER (GRANTOR) INFORMATION (REQUIRED)                                                                                                                                                                                        |                                                                        | GRANTEE) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Print Name:                                                                                                                                                                                                                    | Print Name:                                                            | REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Address:                                                                                                                                                                                                                       | Address:                                                               | t de la constante de la consta |
| City:                                                                                                                                                                                                                          | City:                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State: Zip:                                                                                                                                                                                                                    | State:                                                                 | Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COMPANY/PERSON REQUESTING (REQUIRED IF NOT THE SELLER OR BUYER)                                                                                                                                                                | RECORDING                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Print Name: John R. Reedy, Inc.                                                                                                                                                                                                |                                                                        | Escrow#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                | 220                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City: Bakersfield                                                                                                                                                                                                              | State: Ca                                                              | Zip: 93301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)