

QUIT CLAIM DEED

APN: Lot 4, Block 35
001-106-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Judith A. Klindt
Address: 40 North Buel Street, P.O. Box 70
City/State/Zip: Eureka, Nevada 89316

BOOK 379 PAGE 45
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Floyd Klindt
2004 APR 28 PM 3:04

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

186738

THIS INDENTURE WITNESS That the GRANTOR(S): Floyd William Klindt

_____ for and in consideration of
Ten----- Dollars (\$ 10.00) do hereby QUIT CLAIM the
right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of
which is hereby acknowledged, to the GRANTEE(S): Judith A. Klindt

_____ whose address
is (if applicable): 40 North Buel Street, situate
in the City of Eureka, County of Eureka, State of Nevada.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

(Set forth legal description)

1/3 or 1/2 of Lot 4 of Block 35, as the same appears upon the Official
map thereof on file in the Office of the County Recorder, Eureka
County, Nevada.

TOGETHER with all buildings and improvements situate thereon.

TOGETHER with all and singular the tenements, hereditaments and appurtenances
thereunto belonging or in anywise appertaining, the reversion and reversionary
remainders and remainders, rents, issues and profits thereof.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on 4/28/04.

Floyd W Klindt
Signature of Grantor

Signature of Grantor

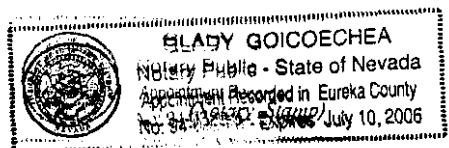
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) April 28, 2004
By (person(s) appearing before notary public) Floyd W. Klindt

Glady Goicoechea
Notary Public

My Commission expires: 7-10-2006



186738

BOOK 379 PAGE 45

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) Lot 4, Block 35
b) 001-106-03
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 186738
Book: 379 Page: 45
Date of Recording: 4-28-04
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 checked="" type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | 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: \$ 3.90

\$ 1.380

4. If Exemption Claimed:

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

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 33% of 50 %

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

Signature Floyd W. Klindt

Capacity Grantor

Signature Judith A. Klindt

Capacity Grantee

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Floyd W. Klindt
Address: 9 South Spring Street
City: Eureka
State: Nevada Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Judith A. Klindt
Address: 40 North Buel Street
City: Eureka
State: Nevada Zip: 89316

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)