This document prepared by (and after recording preturn to):

Name: Joseph A. Di Cesare JR.

Firm/Company:
Address: 128 HANSEN TERRACE
Address 2:
City, State, Zip: Colling Dale, PA
Phone:
610-534-2802

Assessor's Parcel No. = 05-210-19

OUITCLAIM DEED

PAGE OFFICIAL RECORDS

RECORDED AT THE RECORDS

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, Joseph A. Di Cesare, Jr. and Anne Marie Di Cesare, , Husband and Wife, hereinafter referred to as "Grantors", do hereby remise, release, and forever quitclaim unto Joseph A. Di Cesare, Jr., hereinafter "Grantee", all the right, title, and interest in and to the following lands and property, together with all improvements located thereon, lying in the County of Eureka, State of Nevada, to-wit:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M. D. B. & M.

SECTION 15: NW1/4 SE1/4 Ne1/4

Prior instrument reference: Book 68, Page 394, Document No.67546, of the Recorder of Eureka County, Nevada.

THIS INDENTURE, made this 19 Hay of AUGUST

LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantors, if any, which are reserved by Grantors.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's assigns forever, with all appurtenances thereunto belonging.

WITNESS Grantor(s) hand(s) this the day of white, 2003.

	graphy 4. Laliany
	Joseph A Di Cesare Jr.
	anne Marie De Cesari
	Grantor Anne Marie Di Cesare
	Anne Watte Di Cesare
STATE OF Pennsylvania	
COUNTY OF Philadelphia	1 1 2 2 2 2 2 2
This instrument was acknowledged before Joseph A. Di Cesare & Hone Ma	me on Muguet 19, 300 (date) by
Joseph A. Dicesare & Hnne Ma	(name(s) of person(s)).
· ·	Notary Public
	Printed Name:
(Seal)	Frinted Name: Lanen J. Loyle
My Commission Expires:	
/ /	MARENT ROME
	KAREN T. BOYLE, Notary Public Clin of Philadelphia, Phila. County Commission Expires Sept. 29, 2003
\ \	-ф. 65 Оср. 23, 20 (1)
))
Grantor(s) Name, Address, phone:	Grantee(s) Name, Address, phone:
	Joseph A. DIGSARE JR. 128 HANSEN TERRACE
	COLLINGPALE, PA 19023
	SEND TAX STATEMENTS TO GRANTEE
	SEAR THE STRIEMENTS TO GRANTEE

STATE OF NEVADA DECLARATION OF VALUE

			KDEKS OF		Į
1. Assessor Parcel Number	r (s)	Document	instrument#:	187872	
05-210-19		Book:	382	Page: 2-3	
b)		Date of Re	cording:	5/21/04	
c)		Notes:			
d)		•	<u> </u>		
2. Type of Property: a) Vacant Land c) Condo/Twnhse e) Apt. Bldg. g) Agricultural t) Other	b) Single F d) 2-4 Plex f) Comm'V h) Mobile F	Ind'I			
3. Total Value/Sales Price Deed in Lieu of Foreclose Transfer Tax Value: Real Property Transfer Tax	ure Only (value of prope	s			
4. If Exemption Claimed:	ion, per NRS 375.090, Sec xemption:	tion: 5 TRANS	FER)	OF TITLE SES, INCLUDING	y GIFTS
				, , , , , , , , , , , , , , , , , , , ,	<i>y</i>
5. Partial Interest: Percer	ntage being transferred	11:	<u>%</u>		
The undersigned declares a and NRS 375.110, that the inbelief, and can be supported provided herein. Furthermo of additional tax due, may re	nformation provided is co the by documentation if calure, the disallowance of a esult in a penalty of 10%	orrect to the b led upon to su ny claimed ex of the tax due	est of their ubstantiate temption, or plus inter	rinformation and the information or other determination est at 1% per month.	
Pursuant to NRS 375.030, additional amount owed,	the Buyer and Seller sl	hall be jointly	and seve	erally liable for any	
Signature VSells	() Coxo	real C	apacity_	_	
Signature		(// V	apacity_		
OF LED (CDANTOD)	NEODMATION	BUVER (G	DANTE	E) INFORMATION	
SELLER (GRANTOR) I	NEURINATION		EQUIRED)		
(REQUIRED) Print Name:		۰، Print Name:	Jose	oh A. VicesA	re J R
		Address:	740	HANSEN TO	PRACE
Address:		Sity:	COLLIN	GDALE	<u> </u>
City:		•	1/1/2		7
State: Z	Lip: \$	State:	Ph	Zip: 1902	<u> </u>
COMPANY/PERSON F	REQUESTING RECO	RDING			
(REQUIRED IF NOT THE SELLER					
Print Name:			_Escrow	#	
Address:					
City:	State	e:		Zip:	

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)