

APN: 008-220-01

RECORDING REQUESTED BY AND AFTER RECORDATION  
MAIL THIS DEED TO:

Judee V. Craig  
P.O. Box 1000  
Eureka, NV 89316

Mail Tax Statements to:

Judee V. Craig  
P.O. Box 1000  
Eureka, NV 89316

BOOK 383 PAGE 322-326  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Judee V. Craig  
2004 JUL 13 AM 11:49

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 18<sup>00</sup>

188220

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR DECLARES

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, JUDEE V. CRAIG, as Successor Trustee of the Vernon V. Neudeck - 2001 Trust, dated October 11, 2001, do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to JUDEE V. CRAIG, as Trustee of the Judee V. Craig Spendthrift Trust, the following described real property located in the County of Eureka, State of Nevada, more particularly described as follows:

SEE ATTACHED EXHIBIT "A"

Vernal V. Neudeck, the original Trustee is deceased.

APN: 008-220-01

Note (NRS 111.132): The above metes and bounds description has been previously recorded on the 7th day of May, 1997, in Book 308, Official Records of the Office of the Eureka County Recorder, at Page 28 as File No. 166799.



EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of EUREKA COUNTY, described as follows:

TOWNSHIP 17 NORTH, RANGE 50 EAST, M.D.B.&M.

Sections 7 and 8: H. E. SURVEY NO. 98, embracing a portion of Sections 7 and 8 more particularly described as follows:

Beginning at Corner No. 1 from which the quarter corner to Sections 8 and 9 in TOWNSHIP 17 NORTH, RANGE 50 EAST, M.D.B.&M., bears North 82°35' East, 57.53 chains distant;

THENCE South 73°52' West, 17.72 chains to Corner No. 2;

THENCE North 76°18' West 27.40 chains to Corner No. 3;

THENCE South 66°29' West 3.30 chains to Corner No. 4;

THENCE North 76°43' West 30.88 chains to Corner No. 5;

THENCE North 56°9' East 5.40 chains to Corner No. 6;

THENCE South 79°52' East 55.00 chains to Corner No. 7;

THENCE North 76°59' East 15.21 chains to Corner No. 8;

THENCE South 37°41' East 5.41 chains to Corner No. 1, the place of beginning.

EXCEPTING THEREFROM all of VALIANT FARMS-EUREKA, INC'S right, title, equity, and interest of any and all nature in and to the mineral rights and interest, including coal, oil, gas, and other hydrocarbons, and all other metallic and non-metallic minerals ores and substances, and geothermal steam, hot water, hot brines, thermal energy, and gasses lying in and under said land as conveyed to APAL, a Limited Partnership by Deed recorded January 22, 1981, in Book 90, page 437, Official Records, Eureka County, Nevada.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2002 0006487

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Vernal Vincent NEUDECK			DATE OF DEATH (Month, Day, Year) 2. May 8, 2002		COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Mountain View Care Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient 5	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 82	DATE OF BIRTH (Mo., Day, Yr.) 8. February 7, 1920
STATE OF BIRTH (If not U.S.A., name country) 9a. Missouri		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator		KIND OF BUSINESS OR INDUSTRY 14b. Cabinet Maker	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 2744 Stewart Ave.
				INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

FATHER—NAME First Middle Last 16. Walter Neudeck			MOTHER—MAIDEN NAME First Middle Last 17. Lydia Ella Hartel		
INFORMANT—NAME (Type or Print) 18a. JuDee Craig			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2646 Stewart Ave., Minden, NV 89423		

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	LOCATION City or Town State 19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, 1281 No. Rook St., Carson City, NV 89706

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 5/10/02		21c. HOUR OF DEATH 21c. 0957		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22c. HOUR OF DEATH 22c.		22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Dr. David Hoskins, 1664 Highway 395 N. #201, Minden, NV 89423		21f. LICENSE NUMBER 21f.		22e. PRONOUNCED DEAD (Hour) 22e. AT	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

REGISTRAR 24a. (Signature) [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 13, 2002	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Widely Metastatic CANCER of the Prostate DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Anemia AUTOPSY? (Specify Yes or No) 26. No WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		

CAUSE OF DEATH

ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 219350

49271

CERTIFIED COPY OF VITAL RECORDS

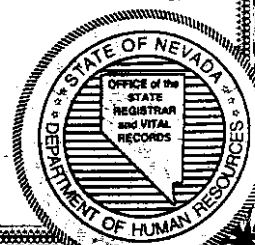
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 19 2004

*Yvonne Sylva*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



BOOK 383 PAGE 325

CERTIFICATION OF TRUST

KNOW ALL MEN BY THESE PRESENTS, that I, VERNAL V. NEUDECK of Douglas County, Nevada, as Grantor/Settlor has executed a REVOCABLE INTERVIVOS TRUST entitled the "VERNAL V. NEUDECK - 2001 TRUST," on the 11 day of Oct., 2001, that I am the Trustee thereof; and that JUDEE V. CRAIG, and ELAINE P. NEUDECK, or CAROLYN K. CAPE, in the order named, are the successor Trustees.

All of the Trustees are by the terms of said Trust given the full power of investment of the Trust Estate, without the necessity of supervision of any court, authorization to keep any or all securities or other property constituting a part or all of the Trust property in the name or names of Trustees, without disclosing their fiduciary capacity, or to hold securities in the name of a nominee, together with all of the powers provided to Trustees by Nevada Revised Statutes, Section 163.260 through 163.410. The Settlor has the right to amend or terminate the Trust. The Trust is a revocable trust. The Trustees are authorized to exercise the powers under the terms of the trust acting either jointly or individually.

The Trust is authorized to use the social security number of the Settlor. In addition, title to assets of the Trust shall be held in the name of VERNAL V. NEUDECK as Trustee of the "VERNAL V. NEUDECK - 2001 TRUST". However, the Trustee is authorized to hold title in other forms.

Persons or corporations dealing with the Trustees are expressly exonerated from any duty to inquire into the authority or power of the Trustees or to see to the application of money or property delivered to the Trustees. The Trustees are not authorized to furnish copies of the Trust to any persons except as may be required by order of a court having jurisdiction of the Trust or Trustees, or if required under the law or regulation having the effect of law, or upon our express written permission.

Said Trust is in full force and effect this date and has not been revoked or amended so as to alter the representations set forth hereinabove.

*Vernal V. Neudeck*  
VERNAL V. NEUDECK, GRANTOR

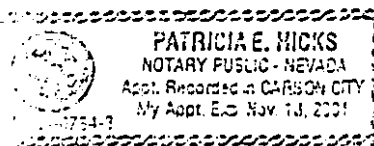
STATE OF NEVADA )  
  : ss.  
CARSON CITY        )

On October 11, 2001, before me, the undersigned notary public, personally appeared VERNAL V. NEUDECK, personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed in the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the persons, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Patricia E. Hicks*

NOTARY PUBLIC IN AND FOR SAID STATE



188220

BOOK 383 PAGE 326

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	188220
Book:	383 Page: 322-326
Date of Recording:	7-13-04
Notes:	

**1. Assessor Parcel Number (s)**

- a) 08-220-01
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**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 type="checkbox"/>            | Comm'Vnd'l      |
| g) <input type="checkbox"/> | Agricultural | h) <input checked="" 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: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: 8
- b. Explain Reason for Exemption: Transfer to a Trust

**5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %**

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 \_\_\_\_\_ Capacity \_\_\_\_\_  
 Signature Judee V. Craig Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

(REQUIRED)  
 Print Name: JUDEE V. CRAIG  
 Address: POB 1000  
 City: EUREKA  
 State: NV Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_