

QUIT CLAIM DEED

APN: 002-046-08

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: MICHAEL GORDON
Address: P.O. BOX 1857
City/State/Zip: CARLIN, NV 89822

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Donald Scott
2004 NOV 10 AM 9:28

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 1400

193664

THIS INDENTURE WITNESS That the GRANTOR(S): DONALD E. SCOTT

_____ 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): MICHAEL GORDON

_____ whose address

is (if applicable): P.O. BOX 1857, situate

in the City of CARLIN, County of ELKO, State of NEVADA.

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

(Set forth legal description) LOT-8 BLOCK 35 CRESCANT VALLEY
RANCH & FARMS UNIT #1
FILE # 34081 WEST 1/2 SECTION 4, T-29-N R-48-E M.D.M.

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 _____.

Donald E. Scott
Signature of Grantor

Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) November 10, 2004

By (person(s) appearing before notary public) Donald G. Scott

Glady Goicoechea
Notary Public

My Commission expires: 7-10-2006



GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
Notary Stamp Expires July 10, 2006

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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 02-046-08
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 19366
Book: 399 Page: 243
Date of Recording: 11-10-04
Notes: _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" 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'Vind'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:

\$ 1100 ⁶⁰
\$ _____
\$ _____
\$ 585

4. If Exemption Claimed:

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

b. Explain Reason for Exemption: _____

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 *Donald G. Scott* Capacity _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Donald G. Scott
Address: P.O. Box 986
City: CARLIN
State: NV Zip: 89822

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

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)