JOINT TENANCY DEED

APN: <u>007-340-01</u>

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	
	EURENA COUNTY, NEVADA
Name: CHADDAND ROSIE BLISS	EUREKA COUNTY, MEYADA M.N. REBALEATI. RECORDER FILE NO. FEES 752
Address: P.O. BOX 585 951 DIAMOND FOOTHILL	FILE NU. FEE\$ 15°
City/State/Zip: EUREKA, NEVADA 89316	194639
City Outer Etp. EDNERA, NEVADA 09310	201000
	~ \ \ 1
THIS INDENTURE made this 15th day of DECE	MRER 20 04 by and between
	ereinafter referred to as Grantor(s), and
CHAD AND ROSIE BLISS as husband and wife	hereinafter referred to as Grantees,
whose address is (if applicable): P.O. BOX 585	, situate in the
Circle Buppy A	State of NEVADA .
	State of NEVADA
<u>WITNESSETH:</u>	
For valuable consideration received, Grantor(s) does by these presents s	grant, bargain and sell unto said Grantees as 🤍
joint tenants with rights of survivorship and not as tenants in common, a	and their assigns and heirs and assigns of the
survivor forever, all that certain real property situate in the County of _	EUREKA, State of NEVADA
that is described as follows:	
(Set forth legal description)	
SEE EXHIBIT 'A'	ATTACHED
SUBJECT TO taxes for the present fiscal year, and subsequently, exceptions and reservations, easements, encumbrances, leases or lirecord, if any.	
TOCETHER WITH the tenements hereditements and conjutered	ass those unto holosofing or
TOGETHER WITH the tenements, hereditaments and appurtenan appertaining and the reversion and reversions, remainder and remainder	
appertaining and the reversion and reversions, remainder and rema	aniders, rents, issue and profits mereor.
TO HAVE AND TO HOLD said premises, together with the appurten	ances, unto said Grantee as joint tenants with
rights of survivorship and not as tenants in common and their assigns ar	
forever.	id the field and assigns of the salvivor
IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to b	be executed the day and year first above
written.	
0/ 1 0 :	
Than 12 line	
Signature of Grantor Signatur	e of Grantor
Signature of Grantor	c of Granioi
STATE OF NEVADA)	
COUNTY OF EUREKA)	
This instrument was acknowledged before me on (date)	le. 13,2004
By (person(s) appearing before notary public) CHAD BLISS	
N. R.	VERA BAUMANN
Wera Daumann	Notary Public State of Name
Notary Public My Commission expires: May 13, 2007	Appointment Recorded in Eurota County No. 99-58782 (No Rabires May AB, 2007
Note Commission and $V(R) = 12 \text{ acc}$	10. MY-58719 A. C

EXHIBIT 'A'

LEGAL DESCRIPTION

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

PARCEL 1

TOWNSHIP 20 NORTH, RANGE 53 EAST, MDB&M

Section 24: Lots 4, 5 W 1/2 NE 1/4

EXCEPTING THEREFROM all the oil and gas in under said land, reserved by the United States of America, in Patent record May 21, 1973, in Book 45, Page 386, Official Records, Eureka County, Nevada.

PARCEL 2

TOWNSHIP 20 NORTH, RANGE 53 EAST, MDB&M

Section 24: SW 1/4 SE 1/4; SE 1/4 SW 1/4

194639

BOOK 4 0 2 PAGE | 24

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)	Document/Instrument#: /94639
a) 007-340-01	Book: 402 Page: 123-124
b)	Date of Recording: 12/15 /h 4
c)	Notes:
d)	
2. Type of Property: a) Vacant Land b) Single Fam R c) Condo/Twnhse d) 2-4 Plex e) Apt. Bidg. f) Comm'Vind'i g) Agricultural h) Mobile Home t) Other	~ \ \
3. Total Value/Sales Price of Property:	\$
Deed in Lieu of Foreclosure Only (value of property)	5
Transfer Tax Value:	\$
Real Property Transfer Tax Due:	5
4. If Exemption Claimed: a. Transfer Tax Exemption, per NRS 375.090, Section: b. Explain Reason for Exemption: Deture	
5. Partial Interest: Percentage being transferred:	%
and NRS 375.110, that the information provided is correct belief, and can be supported by documentation if called uprovided herein. Furthermore, the disallowance of any closed additional tax due, may result in a penalty of 10% of the Pursuant to NRS 375.030, the Buyer and Seller shall be	upon to substantiate the information laimed exemption, or other determination e tax due plus interest at 1% per month.
additional amount owed.	
Signature Chael Pall	Capacity Siller
Signature	Capacity
	
	YER (GRANTEE) INFORMATION
(REQUIRED)	YER (GRANTEE) INFORMATION (REQUIRED)
(REQUIRED) Print Name: Chacl BLiss Print	YER (GRANTEE) INFORMATION (REQUIRED) Name:
Print Name: Chacl BLiss Print Address: D.O Box 565 Addre	YER (GRANTEE) INFORMATION (REQUIRED) Name:
Print Name: Chacl Bliss Print Address: D.O Box 565 Addre City: Eulen A City:	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess:
Print Name: Chacl BLiss Print Address: D.O. Box 565 Addres	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess:
Print Name: Chacl Bliss Print Address: D.O Box 565 Addre City: Eulen A City:	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess: Zip:
Print Name: Chacl BLiss Print Address: D.O Box 585 Address: City: Eureve City: State: WU Zip: 89316. State:	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess: Zip:
Print Name: Chacl BLiss Print Address: D.O Box 585 Address: City: Eureve City: State: WU Zip: 89316 State:	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess: Zip:
Print Name: Chacl BLiss Print Address: D.O Rox 565 Address: City: Eureva City: State: WU Zip: 89316 State: COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)	YER (GRANTEE) INFORMATION (REQUIRED) Name: ess: Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)