

QUIT CLAIM DEED

002-051-01, 002-056-02,
003-014-04, 003-034-03,
APN: 003-034-06, 003-084-01

MAILING ADDRESS

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William & Peggy Kirkpatrick
Address: P.O. BOX 211126
City/State/Zip: CRESCENT VALLEY NV 89821

BOOK 417 PAGE 213
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Wm Kirkpatrick
2005 JUL 11 PM 3:47

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 199954 FEES 14.00

THIS INDENTURE WITNESS That the GRANTOR(S): William G Kirkpatrick

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): William and Peggy Kirkpatrick, Husband and Wife as joint tenants with rights of survivorship whose address is (if applicable): 4009 Eureka Ave, situate in the City of Crescent Valley, 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) All Block 29, Crescent Valley Ranch & Farms Unit #1; Lot 5, Block 39, Crescent Valley Ranch & Farms Unit #1; Lot 1, Block 6, Crescent Valley Ranch & Farms Unit #3; Lot 2, Block 14, Crescent Valley Ranch & Farms Unit #3; Lot 7, Block 14, Crescent Valley Ranch & Farms Unit #3; Lot 1, Block 4, Crescent Valley Ranch & Farms Unit #4

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 July 11, 2005

Signature of Grantor

Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

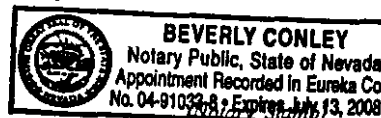
This instrument was acknowledged before me on (date) July 11, 2005

By (person(s) appearing before notary public) William Kirkpatrick

Notary Public

My Commission expires: 7/13/08

199954



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 002-051-01
b) 002-056-02 003-034-06
c) 003-014-04 003-084-01
d) 003-034-03

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 199954
Book: 417 Page: 213
Date of Recording: 7-11-05
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'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: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: #5

b. Explain Reason for Exemption: Transfer between spouses

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 Peggy Kirkpatrick Capacity Buyer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: William & Peggy Kirkpatrick
Address: P.O. Box 211126
City: Crescent Valley
State: NV Zip: 89821

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)