APN# 007-380-26 Recording Requested By: Name SB Grant & EB Franklin LC 204434 Address Suite 2024431, 29030 Sw Town Center Loop East City/State/Zip Wilsonville, OR 97070 (arant Deed (Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-

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2. (Additional recording fees applies)

The undersigned hereby affirms that there is no Social Security number contained in this document.

THIS DOCUMENT PREPARED BY: AND WHEN RECORDED MAIL THIS DEED AND MAIL TAX STATEMENTS TO:

S B Grant & E B Franklin LLC Suite 202#431 29030 SW Town Center Loop East Wilsonville, OR 97070-5499

Above this line reserved for Official Use Only

Assessor's Parcel No. = 007-380-26

## **GRANT DEED**

DOCUMENTARY TRANSFER TAX \$ 44.85 Computed on full value of property conveyed, or Computed on full value less liens and encumbrances remaining at time of sale.

#### 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, Byron L. and Uva D. Harris, hereinafter referred to as "Grantor", do hereby grant, bargain, sell, and convey unto S B Grant & E B Franklin LLC, a Limited Liability Company organized under the laws of the state of Oregon, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of Eureka, State of Nevada, to-wit:

### SEE DESCRIPTION ATTACHED "EXHIBIT A"

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

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

TO HAVE AND TO HOLD TOGETHER with all tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

GRANTORS do for Grantor and Grantor's heirs, personal representatives, executors and assigns forever hereby covenant with GRANTEE that Grantor is lawfully seized in fee simple of said premises; that premises are free from al encumbrances, unless otherwise noted above; that Grantor has a good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against all claims whatever.

| WITNESS Grantor(s) hand(s) this the                                                               | day of 100 day of 2000.                                                                                                                |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                   | Jun Ham                                                                                                                                |
|                                                                                                   | Grantor<br>Byron L. Harris                                                                                                             |
|                                                                                                   | / / Gfantŏr<br>Uva D. Harris                                                                                                           |
| COUNTY OF SACRAMENT                                                                               |                                                                                                                                        |
| This instrument was acknowledged beful (date) by Byron L. and Uva D. Harris                       | fore me on                                                                                                                             |
| See attatched                                                                                     |                                                                                                                                        |
|                                                                                                   |                                                                                                                                        |
|                                                                                                   | Notary Public  Printed Name:                                                                                                           |
|                                                                                                   |                                                                                                                                        |
| (Seal)                                                                                            |                                                                                                                                        |
| My Commission Expires:                                                                            |                                                                                                                                        |
| GRANTOR'S NAME, ADDRESS:<br>Byron L. and Uva D. Harris<br>7433 Winding Way<br>Fair Oaks, CA 95628 | GRANTEE'S NAME, ADDRESS:<br>S B Grant & E B Franklin LLC<br>Suite 202#431<br>29030 Town Center Loop East<br>Wilsonville, OR 97070-5499 |

RETURN RECORDED DEED AND SEND TAX STATEMENTS TO GRANTEE





# ALL-PURPOSE ACKNOWLEDGMENT

| State of CH/iFermia                                           |                                                |                              |  |
|---------------------------------------------------------------|------------------------------------------------|------------------------------|--|
| County of SHO11411 ento                                       |                                                |                              |  |
| On                                                            | o mo Ayaliew Longson                           | (name, title of officer),    |  |
| personally appeared By non L. /                               | HARRIES 3 (IVA D. 14)                          | 12/2/5                       |  |
| personally known to me - OR - D proved t                      |                                                | <b>~</b> .                   |  |
| name(s) is/are subscribed to the within instrume              | ent and acknowledged to me that he/she/they    | executed the same in his/    |  |
| ber(theirauthorized capacity (ies), and that by his           | /her/theirsignature(s) on the instrument the p | erson(s), or the entity upon |  |
| behalf of which the person(s) acted, executed the instrument. |                                                |                              |  |
|                                                               |                                                |                              |  |
|                                                               | WITNESS my hand and official                   | seal.                        |  |
|                                                               | I me                                           |                              |  |
|                                                               | Signatu                                        | ire                          |  |
|                                                               |                                                |                              |  |



A-67 (Rev. 10/94)

## Exhibit A

Assessor's Parcel Number: 007-380-26

Government Lots 9 and 10 of Section 29, Township 20 North, Range 53 East, M.D.B. & M., together with well permit #25597, Certificate #7562, and a 30 foot easement due North from said well to the property line of Lot 9.



204434

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### STATE OF NEVADA DECLARATION OF VALUE

|                                                                                                                                                                                                                                                                                              | FOR RECORDERS OPTIONAL USE ONLY                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| 1. Assessor Parcel Number (s)                                                                                                                                                                                                                                                                | Document/Instrument#: 64434                                                                                              |  |
| a) 007-380-26                                                                                                                                                                                                                                                                                | Book: 434 Page: 324 - 328                                                                                                |  |
| b)                                                                                                                                                                                                                                                                                           | Date of Recording: 4-7-06  Notes:                                                                                        |  |
| c)<br>d)                                                                                                                                                                                                                                                                                     | Notes.                                                                                                                   |  |
| v)                                                                                                                                                                                                                                                                                           |                                                                                                                          |  |
| 2. Type of Property:  a Vacant Land b) Single Fam Re c) Condo/Twnhse d) 2-4 Plex e) Apt. Bldg. f) Comm'l/Ind'l g) Agricultural h) Mobile Home l) Other                                                                                                                                       | es.                                                                                                                      |  |
| 3. Total Value/Sales Price of Property:  Deed in Lieu of Foreclosure Only (value of property)                                                                                                                                                                                                | \$ 11,077.00                                                                                                             |  |
| Transfer Tax Value:                                                                                                                                                                                                                                                                          | <del></del>                                                                                                              |  |
| Real Property Transfer Tax Due:                                                                                                                                                                                                                                                              | \$ 11,077.00                                                                                                             |  |
| Tiodit Topolty Transfer Fax Each                                                                                                                                                                                                                                                             | <del>-</del>                                                                                                             |  |
| 4. If Exemption Claimed:                                                                                                                                                                                                                                                                     |                                                                                                                          |  |
| a. Transfer Tax Exemption, per NRS 375.090, Section                                                                                                                                                                                                                                          |                                                                                                                          |  |
| Explain Reason for Exemption:                                                                                                                                                                                                                                                                |                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                              |                                                                                                                          |  |
| 5. Partial Interest: Percentage being transferred:                                                                                                                                                                                                                                           | %                                                                                                                        |  |
| 3. Faithar interest. Fercentage being transferred.                                                                                                                                                                                                                                           |                                                                                                                          |  |
| The undersigned declares and acknowledges, under pen 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 clof additional tax due, may result in a penalty of 10% of the | t to the best of their information and<br>pon to substantiate the information<br>aimed exemption, or other determination |  |
|                                                                                                                                                                                                                                                                                              |                                                                                                                          |  |
| Pursuant to NRS 375.030, the Buyer and Seller shall i                                                                                                                                                                                                                                        | be jointly and severally liable for any                                                                                  |  |
| additional amount owed                                                                                                                                                                                                                                                                       |                                                                                                                          |  |
| Signature // Signature                                                                                                                                                                                                                                                                       | Capacity acent for buyer  Capacity                                                                                       |  |
| Signature                                                                                                                                                                                                                                                                                    | Capacity                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                              |                                                                                                                          |  |
| SELLER (GRANTOR) INFORMATION BUY                                                                                                                                                                                                                                                             | <u>YER (GRANTEE) INFORMATION</u>                                                                                         |  |
| (REQUIRED)                                                                                                                                                                                                                                                                                   | (REQUIRED)                                                                                                               |  |
|                                                                                                                                                                                                                                                                                              | Name: S Btrant & EB Franklin LLC                                                                                         |  |
| Address: 7433 Winding way Addre                                                                                                                                                                                                                                                              | ss: Suite 202#431, 2903DSW Town Center Los                                                                               |  |
| City: Fair Gales U City:                                                                                                                                                                                                                                                                     | Wilsenville East                                                                                                         |  |
| State: CA Zip: 95628 State:                                                                                                                                                                                                                                                                  | CP Zip: 97070                                                                                                            |  |
|                                                                                                                                                                                                                                                                                              |                                                                                                                          |  |
| COMPANY/PERSON REQUESTING RECORDING                                                                                                                                                                                                                                                          |                                                                                                                          |  |
| (REQUIRED IF NOT THE SELLER OR BUYER)                                                                                                                                                                                                                                                        |                                                                                                                          |  |
| Print Name: SB Grant + EBFranklin                                                                                                                                                                                                                                                            |                                                                                                                          |  |
| Address: Suit 200#431 29030 SW To                                                                                                                                                                                                                                                            | was center from Frat                                                                                                     |  |

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

State: