

APN # 005-470-41

Recording Requested By:

Name S B Grant & EB Franklin
LLC

Address Suite 202 # 431
29030 SW Town Center Loop East
City/State/Zip Wilsonville OR 97070

BOOK 434 PAGE 329-332
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
S B Grant & EB Franklin LLC
2006 APR -7 PM 1:34

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 17⁰⁰

204435

Grant Deed
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (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:

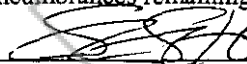
S B Grant & E B Franklin LLC
Suite 202#431
29030 SW Town Center Loop East
Wilsonville, OR 97070-5499

Above this line reserved for Official Use Only

Assessor's Parcel No. = 005-470-41

GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 15.00
☒ 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, Clyde Schell, 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 all 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 16th day of March, 2006.

Clyde Schell
Grantor
Clyde Schell

STATE OF California
COUNTY OF Sacramento

This instrument was acknowledged before me on 03/16/2006
(date) by Clyde Schell

[Signature]
Notary Public

Printed Name: Manjit S. Saini



(Seal)

My Commission Expires: May 18, 2007

GRANTOR'S NAME, ADDRESS:
Clyde Schell
8109 Lichen Dr.
Citrus Heights, CA 95621

GRANTEE'S NAME, ADDRESS:
S B Grant & E B Franklin LLC
Suite 202#431
29030 Town Center Loop East
Wilsonville, OR 97070-5499

RETURN RECORDED DEED AND SEND TAX STATEMENTS TO GRANTEE

Exhibit A

Assessor's Parcel Number: 005-470-41

Township 29 North, Range 48 East, MDB&M, Section 33: NE $\frac{1}{4}$, NE $\frac{1}{4}$

Subject to the restrictions and easements of record, including those set forth in that certain deed recorded at Book 163, Page 390 of the Official Records of Eureka County, Nevada.

204435

BOOK 434 PAGE 332

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-470-01
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 204435
Book: 424 Page: 329-332
Date of Recording: 4-7-06
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) \$ 3,877.00
Transfer Tax Value: \$ 3,877.00
Real Property Transfer Tax Due: \$ 15.60

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 [Signature] Capacity agent for buyer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Clyde Schell
Address: 8109 Lichen Dr
City: Citrus Heights
State: CA Zip: 95621

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: SB Grant + EB Franklin LLC
Address: Suite 202 # 431, 29030 SW Town Center Loop East
City: Wilsonville
State: OR Zip: 97070

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: SB Grant + EB Franklin LLC Escrow # _____
Address: Suite 202 # 431, 29030 SW Town Center Loop East
City: Wilsonville State: OR Zip: 97070

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)