

APN # 003-232-04 and 003-243-07

Recording Requested By:

Name SB Grant + EB Franklin LLC

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

BOOK 435 PAGE 25-28
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant + EB Franklin
2006 APR 17 PM 2:40

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 204491
FEES 42⁰⁰

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. = 003-232-04,
003-243-07

GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 7.80

- 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, Shirley J. Simpson, 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 17 day of MARCH, 2006.

Shirley J. Simpson
Grantor
Shirley J. Simpson

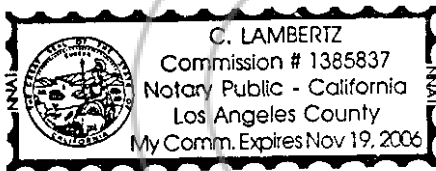
STATE OF California

COUNTY OF Los Angeles

This instrument was acknowledged before me on march 17, 2006
(date) by Shirley J. Simpson

C. Lambertz
Notary Public

Printed Name: C. Lambertz



(Seal)

My Commission Expires: 11-19-2006

GRANTOR'S NAME, ADDRESS:
Shirley J. Simpson
PO Box 969
Glendora, CA 91740

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: 003-232-04

All of Lots 3, 4, 8 and 9 of Block R of Nevelco, Inc., Unit No. 2, according to the official plat of the survey of said land on file in the office of the Eureka County Recorder, as File No. 35633 on October 5, 1961.

Assessor's Parcel Number: 003-243-07

All of Lots 2, 3, 4, 5, 6 and 7 of Block W of Nevelco, Inc., Unit No. 2, according to the official plat of the survey of said land on file in the office of the Eureka County Recorder, as File No. 35633 on October 5, 1961.

204491

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 204491
 Book: 435 Page: 25-28
 Date of Recording: 4-17-06
 Notes: _____

1. Assessor Parcel Number (s)

- a) 003-232-04
 b) 003-243-07
 c) _____
 d) _____

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:

	\$	<u>1,954.00</u>
Deed in Lieu of Foreclosure Only (value of property)	\$	_____
Transfer Tax Value:	\$	<u>1,954.00</u>
Real Property Transfer Tax Due:	\$	<u>7.80</u>

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: Shirley S. Simpson
 Address: PO Box 969
 City: Glendora
 State: CA Zip: 91740

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)