

APN # 006-050-02

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 63-69
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant + EB Franklin
2006 APR 17 PM 3:13

EUREKA COUNTY, CALIFORNIA
M.M. REBALEZ, RECORDER
FILE NO. FEES 45.00

204500

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. = 006-050-02

GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 5.85

- ☒ 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, Frank B. Smith and Josephine H. Smith, Trustees of the Frank B. and Josephine H. Smith Family Trust, executed August 31, 1990, 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 24TH day of MARCH, 2006.

Frank B. Smith

Grantor
Frank B. Smith, Trustee

Frank B. Smith

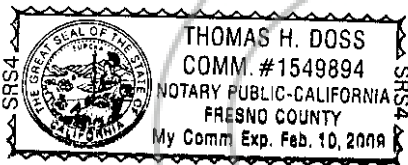
Agent in fact.

Grantor
Josephine H. Smith, Trustee

STATE OF CALIFORNIA

COUNTY OF FRESNO

This instrument was acknowledged before me on MAR 24TH 2006
(date) by Frank B. Smith and Josephine H. Smith, Trustees of the Frank B. and Josephine
H. Smith Family Trust, executed August 31, 1990



[Signature]
Notary Public

Printed Name: Thomas H. Doss

(Seal)

My Commission Expires: 2-10-09

GRANTOR'S NAME, ADDRESS:
Frank B. Smith and Josephine H. Smith
1715 E. Alluvial Ave. #171
Fresno, CA 93720

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: 006-050-02

A parcel of land located in the NE $\frac{1}{4}$ of Section 13 T 27 N R 51 E MDB&M more particularly described as follows:

Commencing at the East $\frac{1}{4}$ corner of said Section 13 thence N60° 01' W 2630.54' to corner No. 1, the point of beginning, thence West 361.50 feet to corner No. 2 a point on the North South $\frac{1}{4}$ of Section line of said Section 13, thence North along said $\frac{1}{4}$ Section line 1325.50 feet to corner No. 3, a point on the Section line 361.50 feet to corner No. 4, thence South 1325.50 feet to corner No. 1, the point of beginning, containing 11.0 acres more or less.

Together with all water rights, mineral, oil and gas rights, and rights-of-way thereunto belonging; and, subject to any easements or rights-of-way heretofore granted or reserved.

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, JOSEPHINE H. SMITH of 315 36th Street, Sacramento, California 95816 (your name and address) appoint FRANK B. SMITH of 315 36th Street, Sacramento, California 95816 (name and address of the person appointed, or of each person appointed if you want to designate more than one) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.

- ____ (I) Claims and litigation.
- ____ (J) Personal and family maintenance.
- ____ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- ____ (L) Retirement plan transactions.
- ____ (M) Tax matters.
- Js (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this

document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 25th day of October, 1995.

Josephine H. Smith
(your signature)

[REDACTED]
(your social security number)

State of California County of Sacramento

State of California)
County of Sacramento)

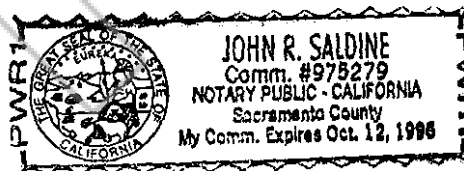
On October 25, 1995 before me, John R. Saldine, a notary public in and for said state, personally appeared JOSEPHINE H. SMITH, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and by his signature on the instrument the person(s), or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

Notary Public

My commission expires October 12, 1996



(Seal)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 000 - 050 - 02
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 204500
Book: 435 Page: 63-69
Date of Recording: 4-17-06
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) \$ 1,477.00
Transfer Tax Value: \$ 1,477.00
Real Property Transfer Tax Due: \$ 5.85

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: Frank B. + Josephine
Address: 1715 E. Alluvial Ave Smith
City: Fresno
State: CA Zip: 93720

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: SB Grant + EB Franklin LLC
Address: Suite 202 #431, 29030 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)