

QUIT CLAIM DEED

APN: 007-391-02

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Millie Oram
2006 APR 24 PM 3:27

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Clyde L. Oram or Millie K. Oram
Address: P.O. Box 591
City/State/Zip: Eureka, Nevada 89316

EUREKA COUNTY, NEVADA
M.N. REGALATI, RECORDER
FILE NO. 14-00

204541

THIS INDENTURE WITNESS That the GRANTOR(S): Clyde L. Oram

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): Clyde L. Oram or Millie K. Oram

Husband & Wife as Joint Tenants whose address
is (if applicable): 579 4th St., situate

in the City of _____, 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)

Township 20 N, Range 53 MDB&M Sec. 17

Lot 2 of Parcel H Map File #81925

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 April 24, 2006

Clyde L. Oram

Signature of Grantor

Signature of Grantor

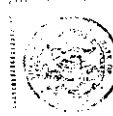
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) April 24, 2006
By (persons) appearing before notary public: Clyde L. Oram

Sally Boicechea
Notary Public

My Commission expires: July 10, 2006



SALLY BOICECHEA
Notary Public - State of Nevada
Commission Expires July 10, 2006
(Notary Stamp)

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DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 007-391-02
 b) _____
 c) _____
 d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 204541
 Book: 435 Page: 147
 Date of Recording: 4-24-06
 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) \$ _____

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: _____

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: Clyde L. Oram by Melba Oram Capacity: _____
 Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Lavernia C. Rasmussen
 Address: P.O. Box 117
 City: Eureka
 State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Clyde L. Oram
 Address: P.O. Box 591
 City: Eureka
 State: NV Zip: 89316

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)