

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

BOOK 436 PAGE 171-173  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*S B Grant & E B Franklin*  
2006 MAY 22 AM 8:54

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 16.00

204783

Above this line reserved for Official Use Only

Assessor's Parcel No. = 005-690-01

# GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 15.60

- 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, Siemon Newberry, 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.

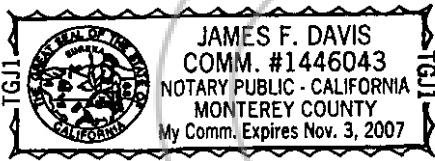
GRANTORS do for Grantor and Grantor's heirs, personal representatives, executors and assigns forever hereby covenant with GRANTEE that Grantor is lawfully seized in fee simple of said premises; that premises are free from al encumbrances, unless otherwise noted above; that Grantor has a good right to 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 4<sup>th</sup> day of May, 2006.

Siemon Newberry  
Grantor  
Siemon Newberry

STATE OF California  
COUNTY OF Monterey

This instrument was acknowledged before me on May 4, 2006  
(date) by Siemon Newberry



James F. Davis  
Notary Public  
Printed Name: James F. Davis

(Seal)

My Commission Expires: 11/3/07

**GRANTOR'S NAME, ADDRESS:**  
Siemon Newberry  
292 Cameros Ave  
Aromas, CA 95004

**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: 005-690-01**

40 acres more or less NW  $\frac{1}{4}$ , NW  $\frac{1}{4}$ , Section 5, Township 30N, Range 50 East

1. Subject to the following:  
Covenants, conditions, restrictions, reservations, easements, rights and/or rights of way of record affecting said property.
2. Reserving therefrom an easement of thirty (30) feet in width along all exterior boundaries for ingress and egress.
3. Excepting therefrom and reserving to seller one hundred percent (100%) of all oil, gas, mineral and products derived therefrom within or underlying said land.

**204783**

**BOOK 436 PAGE 173**

# STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>204783</u>
Book:	<u>436</u> Page: <u>171-173</u>
Date of Recording:	<u>5-22-06</u>
Notes:	_____

1. Assessor Parcel Number (s)  
 a) 005-690-01  
 b) \_\_\_\_\_  
 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: \$ 3,777.00  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ 3,777.00  
 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 as agent for buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Siemon Newberry  
 Address: 292 Carneros Ave  
 City: Aromas  
 State: CA Zip: 95004

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: S B Grant & E B 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: S B Grant & E B 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)