

APN # 007-380-26

Recording Requested By:

Name S.B. Grant & E.B. Franklin LLC

Address Suite 202#431 29030 SW Town Center Loop East

City/State/Zip Wilsonville, OR 97070

Corrected Grant Deed
(Title of Document)

BOOK 436 PAGE 181-186
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
S.B. Grant & E.B. Franklin
2006 MAY 22 AM 8:58

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **204786**
FEES 19.00

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

APN # 007-380-26

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 434 PAGE 324-328
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant + EB Franklin LLC
2006 APR -7 PM 1:33

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 43⁰⁰

204434

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. = 007-380-26

GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 44.85

☒ Computed on full value of property conveyed, or
☐ Computed on full value less liens and
encumbrances remaining at time of sale.

[Signature]

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, Byron L. and Uva D. Harris, 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 20 day of March, 2006.

Byron L. Harris

Grantor
Byron L. Harris

Uva D. Harris

Grantor
Uva D. Harris

STATE OF California

COUNTY OF Sacramento

This instrument was acknowledged before me on _____
(date) by Byron L. and Uva D. Harris

see attached

Notary Public

Printed Name: _____

(Seal)

My Commission Expires: _____

GRANTOR'S NAME, ADDRESS:

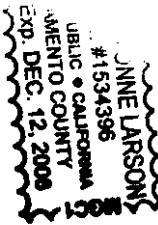
Byron L. and Uva D. Harris
7433 Winding Way
Fair Oaks, CA 95628

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





ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sacramento

On 5-20-06, before me, Michelle Yvonne Larson ^{Notary Public} (name, title of officer),
personally appeared Byron L. Harris & Lita D. Harris

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/
her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon
behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

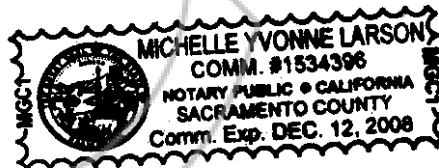
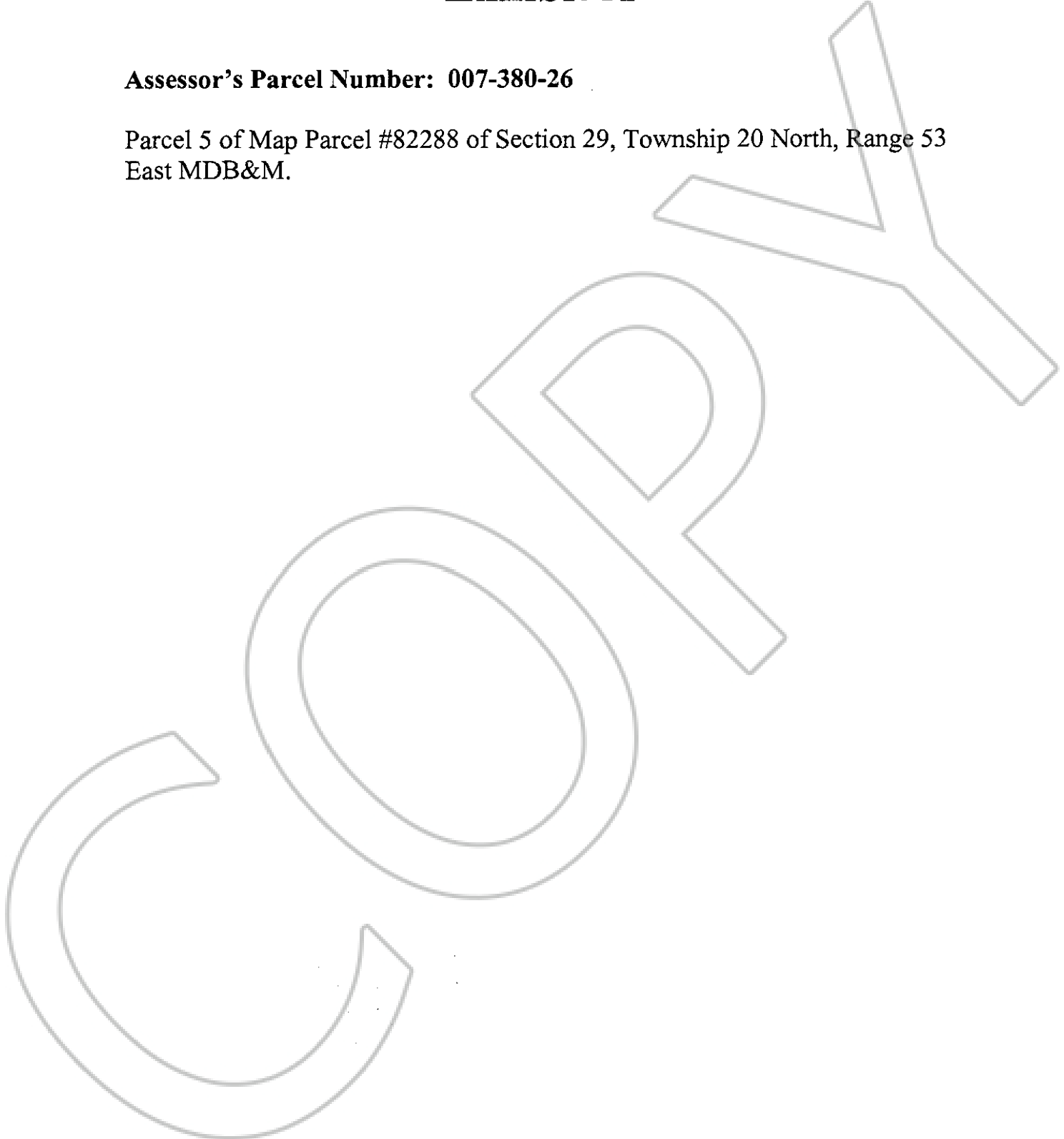


Exhibit A

Assessor's Parcel Number: 007-380-26

Parcel 5 of Map Parcel #82288 of Section 29, Township 20 North, Range 53
East MDB&M.



204786

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 007-380-26
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 264434
Book: 434 Page: 324-328
Date of Recording: 4-7-06
Notes: Re-recorded 522-06 to
Correct Legal Description
File # 264786

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: \$

\$ 11,077.00
\$ 11,077.00
\$ 44.85

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: Byron L. & Uva Harris
Address: 7433 Winding Way
City: Fair Oaks
State: CA Zip: 95628

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: S. B. 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: S. B. 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)