

QUIT CLAIM DEED
TO JOINT TENANCY

APN: 01-076-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Sarah Leigh Grobe
Address: #1 Yarrow Ct.
City/State/Zip: Pueblo, CO 81001

BOOK 439 PAGE 348
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Edna Louise Clark
2006 AUG -2 PM 1:31

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 39.00

205530

THIS INDENTURE WITNESS That the GRANTOR(S): Hazel Laronne Clark and/or Wallace M Clark for and in consideration of One Hundred Dollars (\$100.00) 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): Sarah Leigh R.N. Grobe Edna Louise Clark, Hazel Laronne Clark whose address is (if applicable): #1 Yarrow CRT., Pueblo, Colorado 81001, situate in the Town of Eureka, 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) lots 5, 6, 7, 8 of Block 3, as the same are delineated and described on the official plat or map of the town site of Eureka, approved by the United States General Land Office on November 19, 1937, on file in the office of the County Recorder of Eureka County, Nevada. Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any way ^{wise} appertaining. 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

Hazel Laronne Clark
Signature of Grantor

X Wallace M Clark
Signature of Grantor

STATE OF ~~NEVADA~~ Alaska

COUNTY OF ~~EUREKA~~ Kenai Peninsula Borough

This instrument was acknowledged before me on (date) 07-10-2006

By (person(s) appearing before notary public) Hazel Laronne Clark

Angie Bell
Notary Public

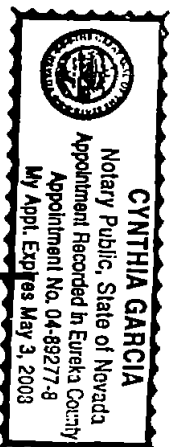
My Commission expires: 04/18/2008

Notary Public
ANGIE BELL
State of Alaska
My Commission Expires Apr. 18, 2009

205530

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON 08/02/2006 BY
WALLACE M CLARK

NOTARY PUBLIC MY COMMISSION EXPIRES 05/03/08



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 01-076-01
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 205530
Book: 439 Page: 348
Date of Recording: 8-2-06
Notes: _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input 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 checked="" 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: \$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: #5

b. Explain Reason for Exemption:

From Mother To Daughter
and Sister and Mother

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 E. Louise Clark Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Edna Louise Clark
Address: P.O. Box 873
City: Eureka, NV
State: _____ Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

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)