

JOINT TENANCY DEED

APN: 007-380-25

BOOK 447 PAGE 96
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Patricia Peek
2006 NOV -6 AM 9:39

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>BOBBY R. PEEK PATRICIA M. PEEK</u>
Address: <u>P.O. BOX 91</u>
City/State/Zip: <u>EUREKA, NEVADA 89316</u>

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

206747

THIS INDENTURE made this 19TH day of OCTOBER, 2006, by and between
MURIEL M. MILES hereinafter referred to as Grantor(s), and
BOBBY R. PEEK PATRICIA M. PEEK hereinafter referred to as Grantees,
whose address is (if applicable): P.O. BOX 91, situate in the
City of EUREKA, County of EUREKA, State of NEVADA.

WITNESSETH:

For valuable consideration received, Grantor(s) does by these presents grant, bargain and sell unto said Grantees as joint tenants with rights of survivorship and not as tenants in common, and their assigns and heirs and assigns of the survivor forever, all that certain real property situate in the County of EUREKA, State of NEVADA that is described as follows:
(Set forth legal description)

RANCHEITE D OF PARCEL 4 OF LOT 10
T 20 N R 53 E SEC 29

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issue and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee as joint tenants with rights of survivorship and not as tenants in common and their assigns and the heirs and assigns of the survivor forever.

IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be executed the day and year first above written.

x Muriel M. Miles
Signature of Grantor

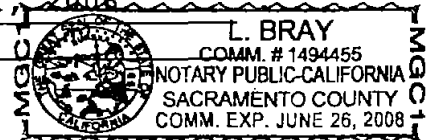
Signature of Grantor

STATE OF ~~NEVADA~~ CALIFORNIA
COUNTY OF ~~EUREKA~~ SACRAMENTO

This instrument was acknowledged before me on (date) October 31, 2006

By (person(s) appearing before notary public) MURIEL M. MILES

L. Bray
Notary Public
My Commission expires: _____



(Notary Stamp)

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	266747
Book:	447 Page: 96
Date of Recording:	November 10, 2006
Notes:	

1. Assessor Parcel Number (s)
 a) 007-380-25
 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: \$ 8,000.00
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ 8,000.00
 Real Property Transfer Tax Due: \$ 31.20

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 [Handwritten Signature] Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

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

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Bobbu R. PEEL Patricia R. PEEL
 Address: P.O. Box 91
 City: Eureka
 State: NV Zip: 89316

COMPANY/PERSON REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)

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