

JOINT TENANCY DEED
WITH RIGHT OF SURVIVORSHIP

DOC # 0212203

08/06/2008 08:18 AM

Official Record

Recording requested By
CECILE JOHNSTON

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$101.40 Recorded By: FS
Book- 0475 Page- 0092

APN: 001-166-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: DORAN AND Cindy Adams
Address: P.O. Box 187
City/State/Zip: EUREKA, NEVADA 89316



THIS INDENTURE made this 6th day of AUGUST, 2008, by and between
THOMAS C. JOHNSTON AND CECILE JOHNSTON hereinafter referred to as Grantor(s), and
DORAN AND Cindy Adams hereinafter referred to as Grantees,
whose address is (if applicable): P.O. Box 187, 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)

530 SOUTH MAIN STREET
LOTS 1-4 BLOCK 30

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.

Signature of Grantor

Signature of Grantor

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date)

By (person(s) appearing before notary public)

Thomas C. Johnston

August 6, 2008
Cecile Johnston

Notary Public

My Commission expires:

July 10, 2010



GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 94-0329-8 - Expires July 30, 2010

STATE OF NEVADA DECLARATION OF VALUE

DOC # DV-212203

08/06/2008 08:18 AM

Official Record

1. Assessor Parcel Number (s)

a) 001-106-01
 b) _____
 c) _____
 d) _____

FOR RE

Docum
 Book:
 Date o
 Notes:

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Page 1 of 1 Fee: \$14.00
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2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" 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) \$ 25,700
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 101.40

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 Cecile Johnston Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Cecile Johnston
 Address: P.O. Box 247
 City: EUREKA
 State: NV Zip: 89314

(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: _____