

JOINT TENANCY DEED

APN: 05-470-40

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: GRANT MILLER

Address: 619 SHADY BROOK DR

City/State/Zip: SPRING CREEK NV, 89815

DOC # 0214954

04/16/2010 01:37 PM

Official Record

Recording requested By
GRANT MILLER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT:

Recorded By: FES

Book- 499

Page- 0158



0214954

THIS INDENTURE made this 16 day of APRIL, 20 10, by and between
GRANT MILLER hereinafter referred to as Grantor(s), and
GRANT, GLENN AND MARTHA MILLER hereinafter referred to as Grantees,
 whose address is (if applicable): 619 SHADYBROOK DR, SPRING CREEK, situate in the
 City of SPRING CREEK, 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) T 29N R 48E SEC 33
NE4 NW4, NE4 NW4 NW4, S2 NW4 NW4,
SW4 NW4 NW4, SW4 SW4 NW4,
N2 SW4 NW4

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.

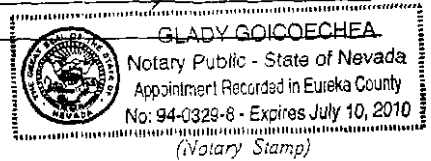
[Signature]
 Signature of Grantor

 Signature of Grantor

STATE OF NEVADA)
 COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) April 16, 2010
 By (person(s) appearing before notary public) Grant Miller

Glady Goicoechea
 Notary Public
 My Commission expires: July 10, 2010



**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-214954

04/16/2010 01:37 PM

Official Record

1. Assessor Parcel Number (s)

a) 05-470-40
b) _____
c) _____
d) _____

FOR RECC
Document _____
Book: _____
Date of Re _____
Notes: _____

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Page 1 of 1 Fee: \$14.00
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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/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:

\$ 10,000
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 9
b. Explain Reason for Exemption: TRANSFER PROPERTY TO MYSELF, MY FATHER AND MY 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 _____ Capacity SELLER
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: GRANT MILLER
Address: 619 SHADYBROOK DRIVE
City: SPRING CREEK
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: GRANT, GLENN AND MARY JOAN MILLER
Address: 619 SHADYBROOK DRIVE
City: SPRING CREEK
State: NV Zip: 89815

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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