

DEED

APN: 003-472-06

Recording requested by and mail tax statement to:
Marvin Randy Logue and Julie Anne Logue
P.O. Box 181
Carlin NV 89822



THIS INDENTURE, made this 6th day of September, 2012, by and between Arthur and April Hyzer, Husband and Wife, hereinafter referred to as GRANTORS, and Marvin Randy Logue and Julie Anne Logue, Husband and Wife, taking title as Joint Tenants with Rights of Survivorship and not as tenants in common, hereinafter referred to as GRANTEES, whose address is P.O. Box 181, Carlin NV 89822,

WITNESSETH

For valuable consideration received, GRANTORS do by these presents hereby grant, bargain and sell unto said GRANTEES and their heirs and assigns forever, all that certain real property situated in the County of Eureka, State of Nevada, that is described as follows:

Section 19, Township 31 North, Range 50 East, Pioneer Pass Parcel 24

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

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the revision and revisions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD said premises together with the appurtenances, unto said GRANTEES and to their heirs and assigns forever.

IN WITNESS WHEREOF the GRANTORS have caused this conveyance to be executed the day and year first above written.

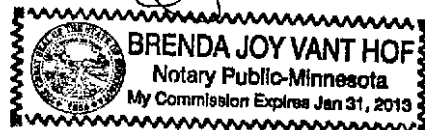
STATE OF MINNESOTA)
)
COUNTY OF ROCK)

ARTHUR HYZER - GRANTOR

APRIL HYZER - GRANTOR

On September 6th, 2012, personally appeared before me, a Notary Public, ARTHUR HYZER and APRIL HYZER, who acknowledged that they executed the above instrument.

NOTARY PUBLIC



DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) ~~137~~ 003-472-06
- b) _____
- c) _____
- d) _____

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 | | |

FOR REI
 Docume
 Book:
 Date of
 Notes:

DOC # DV-223886
 03/25/2013 01:52 PM
Official Record

Recording requested By
 MARVIN RANDY LOGUE

Eureka County - NV
 Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
 Recorded By: FES RPTT: \$42.90
 Book- 548 Page- 0107

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 11,000⁰⁰
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ ~~4290~~ 4290

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 Marvin Randy Logue Capacity _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Arthur Hoyer
 Address: 221 West Central Ave
 City: Kennett
 State: MO Zip: 66147

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Marvin Randy Logue
 Address: 2365 Nelson Way
 City: Sparks
 State: NY Zip: 89431

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)