

APN: _____

RPTT: _____

When Recorded Mail To:

Name: _____

Address: _____

City, State, Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City, State, Zip: _____

EUREKA COUNTY, NV

Rec: \$35.00

Total: \$35.00

CASINO GOLD CORP

2019-238434

04/15/2019 10:37 AM

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LISA HOEHNE, CLERK RECORDER

E99

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, _____

Brownstone Ventures (US) Inc.

do(es) hereby RELEASE AND FOREVER QUITCLAIM to _____

Casino Gold Corp.

Grantee's Address 69 Yonge St, Suite 1010, Toronto, Ontario M5E 1K3 Canada

all the right, title and interest of the undersigned in and to the real property situated in City of _____

Eureka, County of Eureka, State of Nevada, bounded and

described as follows (attach additional sheet(s) if necessary):

HMD 1-14 Lode Claims

NMC 1139691 - NMC 1139704

as described in Exhibit "A"

Dated: 4/9/19

STATE OF NEVADA

COUNTY OF Washoe

) SS

Signature

Collin Kettell

Printed Name

This instrument was acknowledged before

me on 4/9/19

By Collin Sloan Kettell

Signature

Printed Name

Victoria Crockett

Notary Public

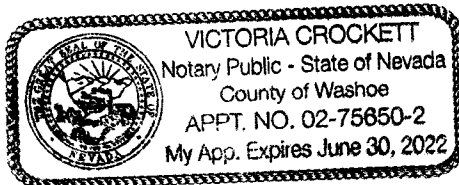


EXHIBIT A

LIST OF LODE CLAIMS FOR QUITCLAIM TO CASINO GOLD CORP.

Claim Name	Serial Number	County	Location Date	MTRS
HMD-1	NMC1139691	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-2	NMC1139692	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-3	NMC1139693	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-4	NMC1139694	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-5	NMC1139695	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-6	NMC1139696	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-7	NMC1139697	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-8	NMC1139698	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-9	NMC1139699	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-10	NMC1139700	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-11	NMC1139701	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-12	NMC1139702	EUREKA	12/20/2016	21 0280N 0490E 002
HMD-13	NMC1139703	EUREKA	12/21/2016	21 0280N 0490E 002
HMD-14	NMC1139704	EUREKA	12/21/2016	21 0280N 0490E 002

State of Nevada
Declaration of Value

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument #

Book:Page:

Date of Recording:

Notes:

1. Assessor Parcel Number(s)
- a)
- b)
- c)
- d)
2. Type of Property:
- a) ☐ Vacant Land
- b) ☐ Single Fam. Res.
- c) ☐ Condo/Twnhse
- d) ☐ 2-4 Plex
- e) ☐ Apt. Bldg.
- f) ☐ Comm'l/Ind'l
- g) ☐ Agricultural
- h) ☐ Mobile Home
- i) ☐ Other

3. Total Value/Sales Price of Property:
- \$
- Deed in Lieu of Foreclosure Only (value of property)
- \$
- Transfer Tax Value per NRS 375.010, Section 2:
- \$
- Real Property Transfer Tax Due:
- \$

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

Capacity CEO

Signature

Capacity

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name:

Address:

City:

State:Zip:

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name:

Address:

City:

State:Zip:

COMPANY 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/MICROFILMED)