

097157

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

NAME
ADDRESS
CITY
STATE
ZIP

Dorothea M. Rowe
P.O. Box 414
Caliente, NV 89008

Title Order No. _____ Escrow No. _____

MAILED AND RECORDED AT REQUEST OF
United NV Business/Estate Planning

August 7, 1991

AT 25 MINUTES PAST 3 O'CLOCK
P.M. BOOK 97 OF OFFICIAL
RECORDS, PAGE 569 LINCOLN
COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER
BY Shonda Fisher, Deputy

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ _____

computed on full value of property conveyed, or
 computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

Dorothea M. Rowe, a married woman, as her sole and separate property
(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do es hereby remise, release and forever quitclaim to The Rowe Trust, dated June 20, 1991, Dorothea M. Rowe, Trustor and/or Trustee

the following described real property in the City of Caliente
County of Lincoln, State of NEVADA

Lots numbered thirteen (13), fourteen (14) and fifteen (15) in Rowan Subdivision of the City of Caliente, Lincoln County, Nevada.

Assessor's parcel No. 3-172-02

Executed on June 20, 1991, at Caliente, Nevada (City and State)

Dorothea M. Rowe
Dorothea M. Rowe

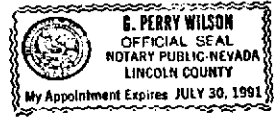
STATE OF ~~NEVADA~~ NEVADA } ss.
COUNTY OF LINCOLN

On this 20th day of June in the year 1991 before me, the undersigned, a Notary Public in and for said State, personally appeared Dorothea M. Rowe

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name _____ is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal

[Signature]
Notary Public in and for said State.



(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____

NAME ADDRESS ZIP