

RECORDING REQUESTED BY

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

NAME Martha M. Lauritzen, Trustee  
STREET ADDRESS P.O. Box 58  
CITY, STATE & ZIP CODE Pioche, NV 89043  
TITLE OR GRANTOR NO. ESCROW NO.

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 liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

~~Burdett~~ BURDATT J. DENNIS

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to The Martha M. Lauritzen Revocable Trust dated May 26, 1994  
the following described real property in the City of Pioche County of Lincoln State of Nevada:

Block #34, Lot 26, as recorded in the County Recorder's office of Lincoln County.

Assessor's parcel No. 1-074-03 - Roll 1-01963

Executed on 12-21-99 at SIDNEY MT

STATE OF Montana COUNTY OF Richland SIDNEY MT 59720

On 12/21/99 before me, Burdett J. Dennis, Notary Public personally appeared Burdett J. Dennis personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

*Burdett J. Dennis*  
Notary Public

MAIL TAX STATEMENTS TO: Martha M. Lauritzen, Trustee P.O. Box 58 Pioche, NV 89043

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. WOLCOTT'S makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an extended use or purpose.

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RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE OFFICER(S)  
 PARTNERS)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER:

SIGNER IS REPRESENTING:  
Name of Person(s) or Entity(ies)

BOOK 145 : 630

COPY

NO 113844

FILED AND RECORDED AT REQUEST OF

Barbara J. Preston

January 13, 2000

AT 07 MINUTES PAST 03 O'CLOCK

PM IN BOOK 145 OF OFF. CIAL.

RECORDS PAGE 500 LINCOLN

COUNTY, NEBRASKA.

Leslie Boucher

COUNTY REC. CLERK

By Denise Seiver, Deputy