

R.P.T.T. \$52.65
A.P. NO. 003-091-06
ESCROW NO. 2001-58153-MLJ

WHEN RECORDED MAIL TO:
Mr. and Mrs. Randy J Rowe
P. O. Box 183
Caliente, NV 89008

JOINT TENANCY DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged

Lincoln County Hospital District, By and Through Its Board of Trustees

Do(es) hereby **GRANT, BARGAIN and SELL** to

Randy J, Rowe and Jana M, Rowe, husband and wife as joint tenants

with right of survivorship, and not as tenants in common, the real property situate in the County of Lincoln, State of Nevada, described as follows:

Lot Twenty-Four (24) of the Amended Plat of Lincoln Park Addition as shown by map thereof recorded April 28, 1945, as File No. 19695, in the Office of the County Recorder of Lincoln County, Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 01-R-02

Lincoln County Hospital District, By and Through Its Board of Trustees

Steve R. Rowe
By: Steve Rowe, Chairman

Gordon Wadsworth
By: Gordon Wadsworth, Board Member

Shawn Wiscombe
By: Shawn Wiscombe, Administrator

State of Nevada
Declaration of Value

1. Assessor Parcel Number(s)

- a) 003-091-06 _____
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	117614
Book:	161
Page:	291-292
Date of Recording:	Jan 25, 2002
Notes:	_____

2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

3. Total Value/Sales Price of Property:

\$ 40,500.00 _____

Deed in Lieu of Foreclosure Only (value of property): \$ _____

Transfer Tax Value: \$ 40,500.00 _____

Real Property Transfer Tax Due: \$ 52.65 _____

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 Randy J. Rowe Capacity _____
 Signature Jamie L. Rowe Capacity Grantee/Buyer

SELLER (GRANTOR) INFORMATION
REQUIRED

Print Name: Lincoln County Hospital District,
By and Through Its Board of
Trustees

Address: _____
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
REQUIRED

Print Name: Randy J. Rowe

Address: _____
 City: _____
 State: _____ Zip: _____

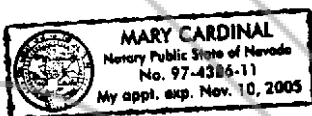
COMPANY/PERSON REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: First American Title Company of Nevada/Marian L. Jenkins Escrow # 2001-58153-MLJ
 Address: 685 Lyons Avenue
 City: Ely State: NV Zip: 89301-1048

State of Nevada
County of Lincoln

This instrument was acknowledged before me on Jan. 18, 2002 by
Steve Rowe.

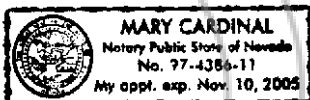
Mary Cardinal
Notarial Officer



State of Nevada
County of Lincoln

This instrument was acknowledged before me on Jan. 18, 2002 by
Gordon Wadsworth.

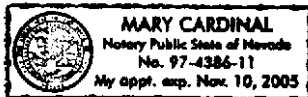
Mary Cardinal
Notarial Officer



State of Nevada
County of Lincoln

This instrument was acknowledged before me on Jan. 18, 2002 by
Shawn Wiscombe.

Mary Cardinal
Notarial Officer



NO. 117614

FILED AND RECORDED AT THE OFFICE OF
FIRST AMERICAN TITLE

JANUARY 25, 2002

AT 35 MINUTES PAST 1 O'CLOCK

PM IN BOOK 161 OF OFFICIAL

RECORDS PAGE 291 LINCOLN

COUNTY, NEVADA

Lynda Boscher
COUNTY RECORDER

State of Nevada
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Signature Jamie L. Rowe Capacity Grantee/Buyer

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By and Through Its Board of
Trustees

Address: _____

City: _____

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BUYER (GRANTEE) INFORMATION
REQUIRED

Print Name: Randy J. Rowe

Address: _____

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