## **QUITCLAIM DEED**

VANCE L. HIGBEE as shown on deed and VICKIE E. HIGBEE, as shown on deed, HUSBAND AND WIFE, WITH JOINT TENANCY, DO HEREBY QUITCLAIM TO VANCE L. AND VICKIE E. HIGBEE, TRUSTEES OF THE HIGBEE FAMILY TRUST DATED FEBRUARY 3, 2002, THE REAL PROPERTY IN THE COUNTY OF LINCOLN, STATE OF NEVADA, DESCRIBED AS:

Parcel number: 11-200-06

2 acres of land in the Southwest quarter (SW 1/4) of the Northeast quarter (NE 1/4) of Section 32, Township 6 South Range 61 East MDB&M known as the John W. Richard Desert Land Entry

Starting at the center 1/2 corner of Section 32, T6S, R61E MDB&M thence N 1degree 30, 38" W, 1342.89 feet; Thence S 88 degrees 41' 25" E, 535.84 feet to the TRUE POINT OF BEGINNING. Thence S. 88 degrees 41' 25" W, 208.71 feet; Thence N I degree 30' 38" W, 417.42 Feet to the TRUE POINT OF BEGINNING.

SUBJECT TO: Reservations, restrictions and conditions if any; Rights of way and easements either of record or actually existing on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS OUR HANDS ON THIS \_\_\_\_\_\_\_\_ RD DAY OF FEBRUARY, 2002. ANCE L. HIGBEE STATE OF NEVADA

COUNTY OF CLARK

ON THIS THE 3 NOTARY PUBLIC, VANCE L. HIGBEE AND VICKIE E. HIGBEE, WHO ACKNOWLEDGED THE WITHIN INSTRUMENT WAS EXECUTED.

NOTARY PUBLIC NOTARY SEAL:

DOCUMENT PREPARED WITHOUT LIABILITY

SPACE FOR RECORDERS USE:

MR. AND MRS. VANCE HIGBEE HCR 61 BOX 21 HIKO, NV 89017

WHEN RECORDED MAIL TO:

FLER ETT WHIPPLE CPA FERBULARY 11 2002
AT 25 MINUTES PAS 09 CCLOOK
MIN SECK 101 OF OFFICIAL
FECORDS, PAGE 484 LINCOLN
COUNTY, NEVADA.

DEPUTY

eccr 181 mce 484

PAISE WHIPPLE
Notary Public, State of Ne

My Agot Expres June 2 2005

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| STATE OF NEVAUA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                   |
| DECLARATION OF VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   |
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| Assessor Parcel Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                   |
| a)// 200 -06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |
| c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| 2. Type of Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FOR RECORDERS OPTIONAL USE ONLY                                                                                                                                                                                   |
| a) Vacant Land b) VSingle Fam. Res. c) Condc/Twnhse d) 2-4-Plex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Document/Instrument #: 117683   Book 16   Page: 484                                                                                                                                                               |
| c) Condc/Twnhse d) 2-4 Plex e) Apt. B dg f) Comm'l/Ind'I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Book 16 Page: 484  Date of Recording: 40. 11 2002                                                                                                                                                                 |
| g) Agricultural h) Mobile Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Notes:                                                                                                                                                                                                            |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
| 3. Total Value Sales Price of Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$/                                                                                                                                                                                                               |
| Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (                                                                                                                                                                                                                 |
| Real Property Transfer Tax Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                                                                                                                                                                                                 |
| Tradit Topqisy Tradition Tax 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |
| 4. If Exemption Claimed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |
| <ol> <li>Transfer Tax Exemption per NRS 375.090, Section</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 08                                                                                                                                                                                                                |
| b. Explain Reason for Exemption:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |
| 5. Partial Interest: Percentage being transferred: /0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 4/                                                                                                                                                                                                              |
| . Fallal interest reicellage being transferred. 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ∠" \ \ \ \ \                                                                                                                                                                                                      |
| The undersigned deciares and acknowledges, under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | er penalty of periury, pursuant to NRS.375.060                                                                                                                                                                    |
| and NRS 375.110, that the information provided is correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t to the best of their information and belief, and can b                                                                                                                                                          |
| supported by decumentation if called upon to substantiate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e the information provided herein. Furthermore, the                                                                                                                                                               |
| parties agree that disallowance of any claimed exemption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n, or other determination of additional tax due, may                                                                                                                                                              |
| result in a penalty of 10% of the tax due plus interest at 1<br>and Seller shall be jointly and severally ligble for any addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | % per month. Pursuant to NRS 375.030, the Buyer                                                                                                                                                                   |
| and ocher arian be jointly and asserant agule for ally addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tional amount arrest                                                                                                                                                                                              |
| ~ \ \ //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tional amount owed.                                                                                                                                                                                               |
| 7 F 116.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 111                                                                                                                                                                                                               |
| Signature 7 & Whippe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Capacity A Hoining                                                                                                                                                                                                |
| Signature 7 & Whippe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 111                                                                                                                                                                                                               |
| Signature 25 Whife Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Capacity A Housey Capacity                                                                                                                                                                                        |
| Signature Signature SELLER (GRANTOR) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Capacity Allors y Capacity                                                                                                                                                                                        |
| Signature Signature SELLER (GRANTOR) INFORMATION (REQLIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Capacity Allorary Capacity BUYER (GRANTEE) INFORMATION (REQUIRED)                                                                                                                                                 |
| Signature  Signature  SELLER (GRANTOR) INFORMATION (REQLIRED)  Print Name: Vence Vibic Higher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Capacity Albany Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: Higher Family Truck                                                                                                                 |
| Signature  Signature  SELLER (GRANTOR) INFORMATION  (REQLIRED)  Print Name: Vence Vibra Higher  Address: H(R) 1006 21  City: Hills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Capacity Allowing Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: Higher Family Touch Address: I/CR 61 Dec 21                                                                                        |
| Signature  Signature  SELLER (GRANTOR) INFORMATION  (REQLIRED)  Print Name: Vence Vibra Higher  Address: H(R 1 Do. 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Capacity Allowing  Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name: History  Address: I/CR 6/1 Dec 2/2  City: History                                                                               |
| Signature  Signature  Signature  Signature  SELLER (GRANTOR) INFORMATION (REQLIRED)  Print Name: Vence Ville Higher Address: HCR (1 7004.21  City: Higher State: AV Zip: 89017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Capacity Albany Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: Hicke Family Truck Address: I/CR 6/1 Dec 2/1  City: Hicke ' State: A/V Zip: 89017                                                   |
| Signature  Signature  Signature  SELLER (GRANTOR) INFORMATION (REQLIRED)  Print Name: Verce Vibit Hittie Address: H(R 11 704 21  City: H/12  State: A'V Zip: 870/7  COMPANY/PERSON REQUESTING RECORDING (reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Capacity Alorary  Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name: Higher Family Tourk  Address: I/CR 6/1 Dex 2/1  City: Highor  State: A/V Zip: 89017                                              |
| Signature  Signature | Capacity Albany Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: His bis Family Track Address: I/CR 6/1 Dec 2/1  City: His bo ' State: AV Zip: 89017                                                 |
| Signature  Signature  SELLER (GRANTOR) INFORMATION (REQUIRED)  Print Name: V occ V b' b' b' c c Address: H(R 1 700 2)  City: H/2  City: 4/12  COMPANY/PERSON REQUESTING RECORDING (requesting recording requestions)  Print Name: T3.4 Ch. 1966  Address: (155 Cold Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Capacity  Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name: Hicke Famile Track  Address: I/C R 6/1 Dec 2/1  City: I/: ho  State: A/V Zip: 89017  uired if not seller or buyer)  Escrow #             |
| Signature  Signature | Capacity  Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name: Higher Family Tour  Address: I/CR 6/1 Dec 2/2  City: I/- ho '  State: NV Zip: 89012  uired if not seller or buyer)  Escrow #  Zip: 89/46 |