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FILED FOR RECORDING
AT THE REQUEST OF

APN# 011-180-22

Please return to:
Mr. & Mrs. Wadsworth
5045 Dolores Drive
Sparks, NV 89436

Clayton Wadsworth

2003 OCT 17 AM 10 02

LINCOLN COUNTY RECORDER
FEE 15⁰⁰ SEP TMS
LESLIE BOUSHER

QUITCLAIM DEED

THIS DEED, is made this 8th day of October, 2003, between **D. CLAYTON WADSWORTH and MYRNA WADSWORTH**, husband and wife, Grantor, whose address is **5045 DOLORES DRIVE, SPARKS, NEVADA 89436**, and **D. CLAYTON WADSWORTH and MYRNA WADSWORTH**, as Trustees of **THE WADSWORTH FAMILY TRUST**, A Revocable Living Trust, Grantees, whose address is the same.

Witnesseth, that the Grantors, for consideration of One Dollar (\$1.00), release and forever Quitclaim to the Grantees, as Trustees under the terms of **THE WADSWORTH FAMILY TRUST**, and to the Successor Trustees thereof, all right, title and interest which the Grantors may have in or to the property located in: **LINCOLN COUNTY, NEVADA** and described as follows:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Previously Recorded: March 11, 1996, Book 117, Page 475

Together with all improvements thereupon and the rights, alleys, ways, waters, easements, privileges, appurtenances and advantages belonging or appertaining thereto.

This Quitclaim Deed is executed pursuant to the terms of an intervivos trust agreement entitled **THE WADSWORTH FAMILY TRUST** dated **AUGUST 18, 2003**, under which Trust the Grantors of this Deed are also the Settlers, the initial Trustees and the lifetime Beneficiary.

In witness whereof, the Grantors have hereunto set their hand and seal on the date set forth above.

D. Clayton Wadsworth
D. CLAYTON WADSWORTH (Grantor)

Myrna Wadsworth
MYRNA WADSWORTH (Grantor)

STATE OF NEVADA

COUNTY OF WASHOE

The foregoing Deed from an individual to themselves as Trustees was sworn to and acknowledged before me this 8th day of October, 2003, by **D. CLAYTON WADSWORTH and MYRNA WADSWORTH**.

Witness my hand and official seal.
My commission expires: May 14, 2005

Mary C. Duffy
NOTARY PUBLIC

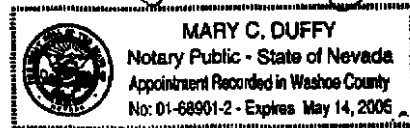
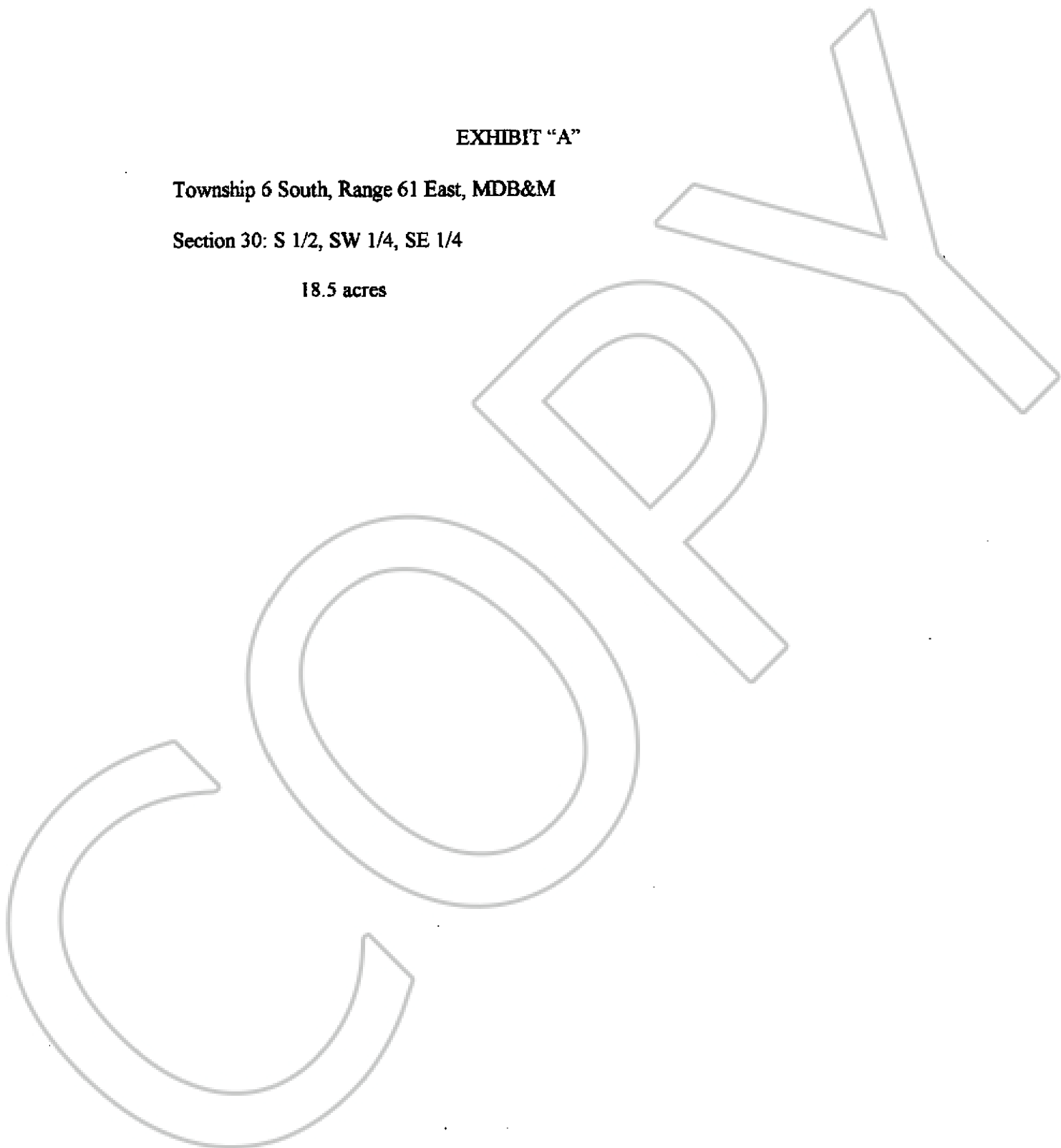


EXHIBIT "A"

Township 6 South, Range 61 East, MDB&M

Section 30: S 1/2, SW 1/4, SE 1/4

18.5 acres



State of Nevada Declaration of Value

- ① Assessor Parcel Number(s)
- a) 011-180-22
 - b) _____
 - c) _____
 - d) _____

- ② Type of Property
- a) Vacant Land
 - b) Single Family Res.
 - c) Condo/Townhouse
 - d) 2-4 Plex
 - e) Apartment Building
 - f) Commercial /Ind'l
 - g) Agriculture
 - h) Mobile Home
 - i) other _____

FOR RECORDERS OPTIONAL USE ONLY	
Document / Instrument #	<u>121123</u>
Book:	<u>179</u> Page: <u>133-134</u>
Date of Recording:	<u>Oct. 17, 2003</u>
Notes:	_____

3. Total Value / Sales Price of Property \$ _____
 Debt In Lieu Only (value of forgiven debt) \$ _____
 Taxable Value \$ _____
 Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, section: _____
- b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 parties agree that 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 1/4% per month. Pursuant to NRS 375.036, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature D. Clayton Wadsworth Capacity Trustee
 Signature Myrna D. Wadsworth Capacity Trustee

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name Myrna Wadsworth
 Address 5045 Dolores Drive
 City Sparks
 State NV Zip 89436

+ Print Name Wadsworth Family Trust
 Address 5045 Dolores Drive
 City Sparks
 State NV Zip 89436

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

Co. Name _____ Esc. # _____
 Address _____
 City _____ State: _____ Zip _____

(As a public record, this form may be recorded / microfilmed)