

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2005 JUN 9 PM 12 01

LINCOLN COUNTY RECORDER

FEE 15.00 + 48.75 DEPA
LESLIE BOUCHER

A.P.N.: Portion 012-110-23
File No: 152-2206277 (MJ)
R.P.T.T.: \$48.75

When Recorded Mail To: Mail Tax Statements To:
Lincoln County Power District
HC 74 Box 101
Pioche, NV 89043

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

N. Peter Horlacher and Delores Horlacher, Trustees of The N. Peter Horlacher Family Trust dated September 23, 1991

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

Lincoln County Power District

the real property situate in the County of Lincoln, State of Nevada, described as follows:

That portion of the West Half (W1/2) of Section 5, Township 2 South, Range 68 East, M.D.B. & M., Lincoln County, Nevada, described as follows:

Parcels 1B as shown upon Subsequent Parcel Map for the N. Peter Horlacher Family Trust recorded March 25, 2005 in Plat Book C Page 105 as File 124118, Lincoln County, Nevada.

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

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

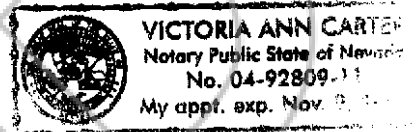
Date: 05/27/2005

N. Peter Horlacher and Delores Horlacher,
Trustees of The N. Peter Horlacher Family
Trust dated September 23, 1991

N. Peter Horlacher
N. Peter Horlacher, Trustee

Delores Horlacher
Delores Horlacher, Trustee

STATE OF **NEVADA**)
) : SS.
COUNTY OF **LINCOLN**)



This instrument was acknowledged before me on June 3 2005 by **N. Peter Horlacher and Delores Horlacher.**

Victoria Ann Carter
Notary Public
(My commission expires: Nov 9, 2008)

This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **May 27, 2005** under Escrow No. **152-2206277**.

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a) Portion 012-110-23
 b) _____
 c) _____
 d) _____

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

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #	<u>124731</u>
Book	<u>202</u> Page: <u>412-413</u>
Date of Recording:	<u>JUNE 9, 2005</u>
Notes:	_____

3. Total Value/Sales Price of Property: \$12,400.00
 Deed in Lieu of Foreclosure Only (value of property) (\$ _____)
 Transfer Tax Value: \$12,400.00
 Real Property Transfer Tax Due \$48.75

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption, per 375.090, Section: _____
 b. Explain reason for exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature: [Signature] Capacity: Grantor
 Signature: [Signature] Capacity: Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: N. Peter Horlacher Family Trust
 Address: PO Box 758
 City: Panaca
 State: NV Zip: 89042

Print Name: Lincoln County Power District
 Address: HC 74 Box 101
 City: Pioche
 State: NV Zip: 89043

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: First American Title Company of Nevada File Number: 152-2206277 MJ/MJ
768 Aultman Street, Ely, NV 89301, P.O. Box
 Address 151048
 City: Ely State: NV Zip: 89315

**STATE OF NEVADA
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Signature: [Signature] Capacity: General manager
 Signature: _____ Capacity: _____

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(REQUIRED)

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 State: NV Zip: 89042

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(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)

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