

APN: 002-073-07
RETURN RECORDED DEED TO:

FILED FOR RECORDING
AT THE REQUEST OF

Ronald S. Bevan Dalley
2005 SEP 12 AM 11 56

LINCOLN COUNTY RECORDER
FEE 16.00 PT. 1 DEP. 00
LESLIE BOUCHEF

GRANTEE/MAIL TAX STATEMENTS TO:
BEVAN DALLEY
P.O. Box 62
OVERTON Nevada 89040

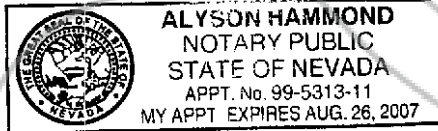
QUITCLAIM DEED

THIS INDENTURE WITNESSED: That Ronald A. Dalley,
in consideration of the sum of 0 dollars the receipt of which is hereby
acknowledged, do(es) hereby remise, release and forever quitclaim to
Bevan D. Dalley and Dalley, et al as owner, all
that real property situated in Panaca, County of
Lincoln, State of Nevada, and more particularly described as follows:

(Insert legal description here, or reference exhibit A attached and
incorporated by reference. Check NRS 111.312 concerning the recordation
of documents pertaining to property with metes and bounds legal
description.)

TOGETHER WITH all and singular the tenements, hereditaments, and
appurtenances thereunto belonging or in anywise appertaining.

WITNESS my/our hand(s) this 12 day of September, 2005,



Alyson Hammond
Print name Alyson Hammond

(ACKNOWLEDGMENT)

Note: Effective July 1, 2003, all documents (except maps) submitted for recording in Nevada must be on 8½ inch by 11 inch paper, have a margin of 1 inch on the left and right sides and at the bottom of each page, have a space of 3 inches by 3 inches at the upper right corner of the first page, and have a margin of 1 inch at the top of each succeeding page. (NRS 247.110(4), effective July 1, 2003) Documents recorded in Clark County, Nevada, were required to be in that format prior to July 1, 2003.

Quitclaim Deed

In consideration of \$ 10.00 receipt of which is acknowledged

GENEVIEVE DALLEY

does hereby quitclaim to GENEVIEVE DALLEY and RONALD DALLEY, as

joint tenants

the real property in the County of LINCOLN State of Nevada, described as:

Lot numbered Ninety-six (96) in Sun Gold Manor Unit No 1, in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situated thereon, consisting of a dwelling house with attached double garage.

Exhibit A

9.35
Ronald Dalley

Witness my hand this day of 19

STATE OF NEVADA, Lincoln } ss
COUNTY OF
On February 19, 1980 personally
appeared before me, a Notary Public.

GENEVIEVE DALLEY

Genevieve Dalley
GENEVIEVE DALLEY

who acknowledged that s/he executed the above instrument.

Signature Margaret H. Jones
(Mary Public)

MARGARET H. JONES
Notary Public - State of Nevada
Lincoln County
My Commission Expires July 30, 1980

Notarial Seal

THE FORM FURNISHED BY TITLE INSURANCE AND TRUST A TICOR COMPANY WHEN RECORDED MAIL TO

If executed by a Corporation the Corporation Form of Acknowledgment must be used.

Title Order No.

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

67507

FILED AND RECORDED AT REQUEST OF GENEVIEVE DALLEY FEB 20, 1980 AT 1 MERRIES PAST 2 O'CLOCK AM AT CLOCK 35 OF OFFICIAL REC'D SEC. PAGE 467 LINCOLN COUNTY, NEVADA

Signature

200 mg 171

BOOK 35 PAGE 467

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

08961

LOCAL FILE NUMBER

STATE FILE NUMBER

1. Ida Genevieve Dalley			DATE OF DEATH (Month, Day, Year) 2 August 2, 2005			COUNTY OF DEATH Clark				
CITY, TOWN OR LOCATION OF DEATH 3a. Mesquite			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Highland Manor			If Hosp. or Inst. indicate DOA, OPE, etc. Rm. Inpatient (Specify) 3d. Inpatient 5			SEX 4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.			AGE—Last Birthday (Years) 7a. 91		UNDER 1 YEAR MOS : DAYS 7b.	UNDETT DAY HOURS : MINUS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. June 8, 1914
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada			CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11. Married			SURVIVING SPOUSE (If wife, give maiden name) 13. Albert Dalley	
SOCIAL SECURITY NUMBER 13.			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Clerk			KIND OF BUSINESS OR INDUSTRY 14b. Drug Store				
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln		CITY, TOWN, OR LOCATION 15c. Panaca		STREET AND NUMBER 15d. P.O. Box 242		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
FATHER—NAME (Type or Print) 16. Carl Levi Blad			MOTHER—MAIDEN NAME (Type or Print) 17. Addie M. Hamblin							
INFORMANT—NAME (Type or Print) 18a. Ronald A. Dalley			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 68, 3201 N. MV Blvd Logandale NV 89021							
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial			CEMETERY OR CREMATORY—NAME 19b. Panaca City Cemetery			LOCATION (City or Town, State) 19c. Panaca, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Message Acting as Such) 			FUNERAL DIRECTOR LICENSE NUMBER 20a. 15	NAME AND ADDRESS OF FACILITY (Specify) 20b. Wiscombe Funeral Home 09 730 Front Street Caliente, NV 89008						
To be completed by CERTIFYING PHYSICIAN (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21a. August 4, 2005 HOUR OF DEATH 21c. 1030 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Dr. Lonnie Emery 1301 Bertha Howe Ste. 1 Mesquite Nevada 89027 LICENSE NUMBER 21e. 0841			To be completed by CORONER'S OFFICE (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22a. HOUR OF DEATH 22b.			22c. On the basis of examination and/or investigation, in (1) (1) apparent death occurred at the time, date and place and due to the cause(s) and manner stated. 22d. AT				
			REGISTRAR 24a. (Signature) [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 08/03/2005			DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART 1 (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF: (c)			INTERVAL BETWEEN ONSET AND DEATH 5 Minutes INTERVAL BETWEEN ONSET AND DEATH 1 Month			AUTOPSY (Specify Yes or No) 26. No			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.						
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—In home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE			

STATE REGISTRAR

No. 280705

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

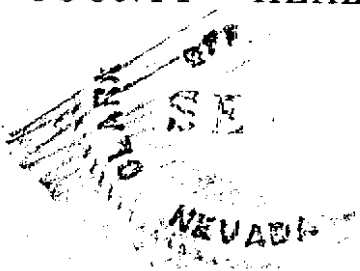
DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued: SEP 08 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

BOOK 206 PAGE 178



State of Nevada Declaration of Value

1. Assessor Parcel Number(s)

- a) 002-073-07
- 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>125181</u>
Book: <u>206</u>	Page: <u>176-178</u>
Date of Recording: <u>9/17/05</u>	
Notes: _____	

3. Total Value / Sales Price of Property

\$ 30,000.00

Deed In Lieu Only (value of forgiven debt)

\$ _____

Taxable Value

\$ _____

Real Property Transfer Tax Due:

\$ 117.00

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 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Ronald A. Dalley Capacity Seller/owner

Signature Bevan D. Dalley Capacity Buyer

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name Ronald A. Dalley
 Address P.O. Box 62
 City Logandale
 State Nev. Zip 89021

Print Name BEVAN D. DALLEY
 Address P.O. Box 62
 City Overton
 State Nevada Zip 89040

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)