



0133458

Prepared by, recording requested by
And return to:

Name: Cynthia Cannam
Company: Exchange
Bank
Address: P.O. Box 208
City: Santa Rosa
State: California Zip: 95402
Phone: (707) 524-2372
Fax: (707) 889-2142

-----Above this line for official use only-----

**NOTICE OF COMPLETION - INDIVIDUAL
(N.R.S. 108.228)**

BE IT NOW KNOWN THAT improvements on the property located at
1450 N. Vincent Avenue, Pioche, Nevada APN 001-331-88
were completed on the 23th day of January, 2009, or work has ceased on said
improvements for a period longer than thirty (30) days.

The owner's name is Exchange Bank, Trustee of the Linda Henris Irrevocable
Trust 1. The owner's address is P.O. Box 208 Santa Rosa, California 95402. The nature
of the title the person signing this notice is Exchange Bank Trust Officer.

A description of the property sufficient for identification is

Lot 6 on Maple Way Street in Pioche, Nevada

The name of the contractor, if any, is Rohde Construction, Merlin Rohde,
proprietor.

This the 10th day of February, 2009.

Cynthia Cannam
Signature



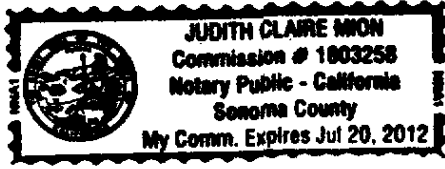
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sonoma }

On February 10, 2009 before me, JUDITH CLAIRE MIEN
Date Here Insert Name and Title of the Officer

personally appeared Cynthia Cannam
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Judith Claire Mien
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____



STATE OF CALIFORNIA
County of _____

This instrument was acknowledged before me on (date) _____ by
(name(s) of person(s)) _____

(Signature of notarial officer)

(Seal, if any)

(Title and rank (Optional))

(My commission expires (optional) _____) STATE OF CALIFORNIA

Certificate of Delivery

I, Renee Pilkenton, hereby certify that I have
delivered this day a true and correct copy of the foregoing to
Lincoln County Recorder, by mailing a true and
correct copy of same by certified U.S. mail, postage prepaid, return receipt requested,
within ten (10) days of recordation.

So certified this the 12th day of February, 2009.

Renee Pilkenton
Signature

