

Official RecordRecording requested By
JIM BERGMAN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: DP

Book- 247 Page- 0588



0133568

APN: 001-331-71
\$0.00 ConsiderationRecorded at the request of and
When Recorded Return to:
LIONEL SAWYER & COLLINS, LTD.
ATTN: JOHN E. DAWSON, ESQ.
300 S. Fourth Street, Suite 1700
Las Vegas, Nevada 89101Mail Tax Statements to:
Jimmie Carol Bergman
P.O. Box 388
Pioche, Nevada 89043**GRANT, BARGAIN, SALE DEED**

THIS INDENTURE WITNESSETH: That J C BERGMAN FAMILY LIMITED PARTNERSHIP, for good and other valuable consideration, does hereby Grant, Bargain, Sell and Convey to JIMMIE CAROL BERGMAN, Trustee of THE JIMMIE CAROL BERGMAN TRUST, dated March 7, 2009, as amended, or restated, or his successors, whose address is P.O. Box 388, Pioche, Nevada 89043, all of his right, title and interest in that real property situated in the County of Lincoln, State of Nevada, bounded and described as follows:

THAT PORTION OF THE SOUTHEAST QUARTER (SE 1/4) SECTION 1 NORTH, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. & M. BEING PARCEL NO. 3 OF THE KLEIN, CANFIELD, ROBINSON AND BERGMAN PARCEL MAP RECORDED IN BOOK "B" PAGE 102 OF RECORDERS OFFICE OF LINCOLN COUNTY, NEVADA. (10.10 ACRES)

SUBJECT TO:

1. All general and special taxes for the fiscal year.
2. Covenants, conditions, restrictions, reservations, rights, rights of way and easements now of record.



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

Witness his hand this 7 day of March, 2009.

J C BERGMAN FAMILY LIMITED PARTNERSHIP

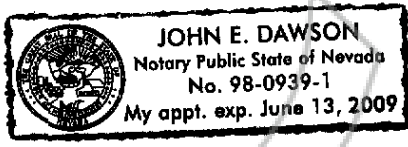
By: Jim C. Bergman
Jim C. Bergman, General Partner

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 7 day of March, 2009, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared JIM C. BERGMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public



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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
 - a. 001-331-71
 - b. _____
 - c. _____
 - d. _____

2. Type of Property:

<ol style="list-style-type: none"> a. <input type="checkbox"/> Vacant Land c. <input type="checkbox"/> Condo/Twnhse e. <input type="checkbox"/> Apt. Bldg g. <input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____ 	<ol style="list-style-type: none"> b. <input checked="" type="checkbox"/> Single Fam. Res. d. <input type="checkbox"/> 2-4 Plex f. <input type="checkbox"/> Comm'l/Ind'l h. <input type="checkbox"/> Mobile Home
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FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. a. Total Value/Sales Price of Property \$ _____
- b. Deed in Lieu of Foreclosure Only (value of property) (_____)
- c. Transfer Tax Value: \$ _____
- d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 7
- b. Explain Reason for Exemption: Transfer to or from a trust, without consideration

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 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% 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 Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: JC Bergman Family Limited Pship

Address: P.O. Box 388

City: Pioche

State: Nevada Zip: 89043

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: The Jimmie Carol Bergman Trust

Address: P.O. Box 388

City: Pioche

State: Nevada Zip: 89043

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

Print Name: Lionel Sawyer & Collins

Address: 300 S. 4th St., #1700

City: Las Vegas

Escrow #: _____

State: Nevada Zip: 89101

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED