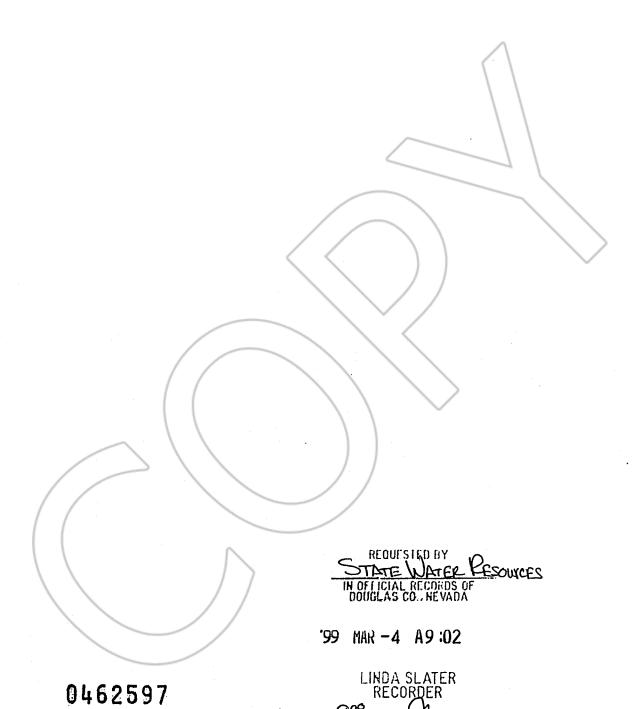
	State of Nevada Oct.98					
TE	REPORT OF CONVEYANCE					
M	Department of Conservation and Natural Resources, Division of Water Resources, Office of the State Engineer					
1	APPL., PERMIT, PROOF, or CLAIM No: 666 STATUS: USE: Ac					
2	CURRENT HOLDER(S) SHOWN BY THE STATE ENGINEER:					
	Arnold R. Trimmer, Annie I. Trimmer					
	If any item requires additional space, please attach additional 8 1/2" X 11" sheets referencing appropriate item number.					
3	NEW HOLDER(S): Shirley C. Giovacchini, Trustee of the Roy P.					
	and Shirley C. Giovacchini 1989 Family Trust					
ł	ADDRESS: P. O. BOX 72 CITY: Genoa STATE: Ny. ZIP CODE: 89411 PHONE: (775)782-2518					
	INVENTORY DOCUMENTS BY CATEGORY AND NUMBER OF EACH IN CHAIN OF TITLE.					
4	DEED(S) OTHER:					
İ	DEED(S) OF TRUST RECONVEYANCEat no charge TOTAL NUMBER OF \$\$ DOCUMENTS =>					
l	NOTICE(S) OF PLEDGE MAP(S) at no charge TOTAL # X \$10 each = \$.00					
	DEATH CERTIFICATES AFF OF ID at no charge Report filing fee = \$25.00 \$.00					
	DECREE(S) OF DISTR OTHER: FEES SUBMITTED \$.00					
5	ONE \$25 FILING FEE MUST ACCOMPANY THIS REPORT +\$10 PER CONVEYANCE DOCUMENT LISTED ABOVE.					
6	This REPORT requires an ABSTRACT OF TITLE listing the above documents in chronological order, from the current holder(s) of					
	record (ITEM 2) with the Division of Water Resources, Office of the State Engineer, to the proposed, new holder(s) of record					
	(ITEM 3). Document(s) must be recorded in the Office(s) of the respective County Recorder(s).					
	If the legal description on any deed(s) refer(s) to a subdivision lot or parcel or assessor's parcel number, or lists any deviation(s)					
	different than the place of use in a Quarter/Quarter/Section/Township/Range format, a copy of the map referred to in said deed(s) is required. Copies of maps should be 8 1/2" x 11" or 11" x 17". Please refer to instruction sheet for details.					
7	LIST SUPPLEMENTAL RIGHTS					
8	COUNTY: POINT OF DIVERSION DOUGLAS NW 15 13 COUNTY: PLACE(S) OF USE Douglas					
9	PLACE(S) OF USE: QTR NE QTR NW SEC 18 TWN 13 RNG 19 APN 17-052-04					
10	AMOUNT (DUTIES) TO BE ASSIGNED: CFS Acre Feet or MG 28.44 Acres or Units					
11	DOES THE CURRENT HOLDER INTEND TO RETAIN ANY PORTION OF THE WATER RIGHT? YES NO					
12	List any other water rights relating to this Report of Conveyance that has been filed using this same abstract and chain of title.					
1						
13	Remarks:					
	Memains.					
1						
/						
14	"I swear, under penalty of perjury, that this represents a complete and thorough search of the records of the county recorder of each county					
	in which the water is placed to beneficial use or diverted from its natural source affig the records on file in the office of the state engineer."					
	Il I A south in					
	SUBSCRIBED AND SWORN TO SIGNATURE: Afficial Life Court Court					
1	BEFORE ME THIS 18 DAY OF PRINT NAME: Stirley Gio vacchin.					
١.	MO. LIBRUARYT. 1999 MAILING ADDRESS: P.O. BOX 72					
1	(SS) Hima Godald FIRM NAME:					
- 1	Notary Signature 1					
	NOTARY PUBLIC IN AND FOR THE CITY: COINCE STATE: LU ZIP CODE: 214 11					
	COUNTY OF House 282-2518					
	STATE OF WILLIAM OWNER?					
	ANY COMMISSION EXPIRES (/ 1) ()					
	MY COMMISSION EXPIRES 8/10/02 Agent?: Agent?: Agent?:					
	2					
	NOTARY STAMP					
	THIS DOUBLE SIDED FORM CAN BE COPIED ONTO GREEN PAPER ONLY.					

	FOR OFFI	ICE USE ONLY		
ITEM		REVIEW BY / DATE	FEE RECORDS	
1	Previous reports/submittals pending	-	Receipt No.(s)	
3	Current holder(s) verified	-	Date of Receipt	
4	Inventory verified. Fees correct		Receipt No.(s)	
5	Technical review	-	Date of Receipt	
6	Abstract / Chain of Title		\$\$ This R.O.C.	
7 8	Supplemental rights recognized		φφ Tills N.O.O	
9	Place of Use determinable	-	Original Receipt(s) Located	
10	Duties determined		In File No	
11	Appurtenancy / portions / percentages Related rights by deeds and abstract		Deeds/Docs Filed in	
13	Remarks reviewed		File No.	
14	Notary/SS legible and logical			
ITEM	* * * DEFICIENCIES REQU	IRING RETURN		
				
				V.
				>
-		_	 	
			//_	
		\rightarrow		
-				
				
<u> </u>		/ //		
3	RNED for RECTION to:	DATE:	BY:	
B		1		
Remar	ks:	DUE DATE:	~	
	ECTION	/ /	514	
RECE	IVED:	DATE:	BY:	
	IRMED		57	
REPO	RT:	DATE:	BY:	
Remar	ks:		•	
\—\-				
/	/ / /			
/			· · · · · · · · · · · · · · · · · · ·	
·				
	[Received	Stamp Date]		



BK0399PG1172