

RECORDING REQUESTED BY
ORDER # **Marquis Title**
243023 /Esc#2132000587-BNM
APN 1420-07-616-027
WHEN RECORDED MAIL TO

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

Name **Jeffrey Paul Miner & Karen Diane Miner**
Street Address **P.O. Box 2576**
City State Zip **South Lake Tahoe, CA 96158**

2003 AUG -7 PM 3:16

WERNER CHRISTEN
RECORDER
39 PAID *BC* DEPUTY

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ -0- 375.090 #8A

- (X) computed on full value of property conveyed, or
- () computed on full value less value of liens and encumbrances remaining at time of sale.
- () Unincorporated area: () City of _____
- () Realty not sold.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Jeffrey Paul Miner and Karen Diane Miner, husband and wife, as Joint Tenants

hereby GRANT(S) to Jeffrey Paul Miner and Karen Diane Miner, Trustees of the
Jeffrey Paul Miner and Karen Diane Miner Revocable Trust dated February 8, 2001

that property in Douglas County, State of Nevada, described as: Lot 77, Block B, as
shown on the filed Map of HIGHLAND ESTATES UNIT NO. 2, filed in the office of the
County Recorder of Douglas County, State of Nevada, on July 27, 1978, as Document
No. 17090.

Mail Tax Statements to Grantee at address above

Date July 31, 2003

Jeffrey Paul Miner
Jeffrey Paul Miner

Karen Diane Miner
Karen Diane Miner

STATE OF CALIFORNIA
COUNTY OF EL DORADO

On 7-31-03 before me, the undersigned, a Notary Public in and for said State, personally appeared

JEFFREY PAUL MINER and
KAREN DIANE MINER

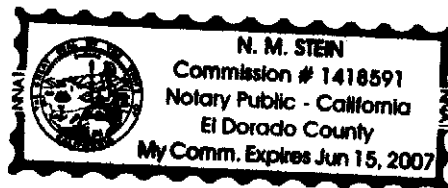
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the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

WITNESS my hand and official seal.

Signature *N.M. Stein*

Name N.M. STEIN

(typed or printed)



(This area for official notarial seal)