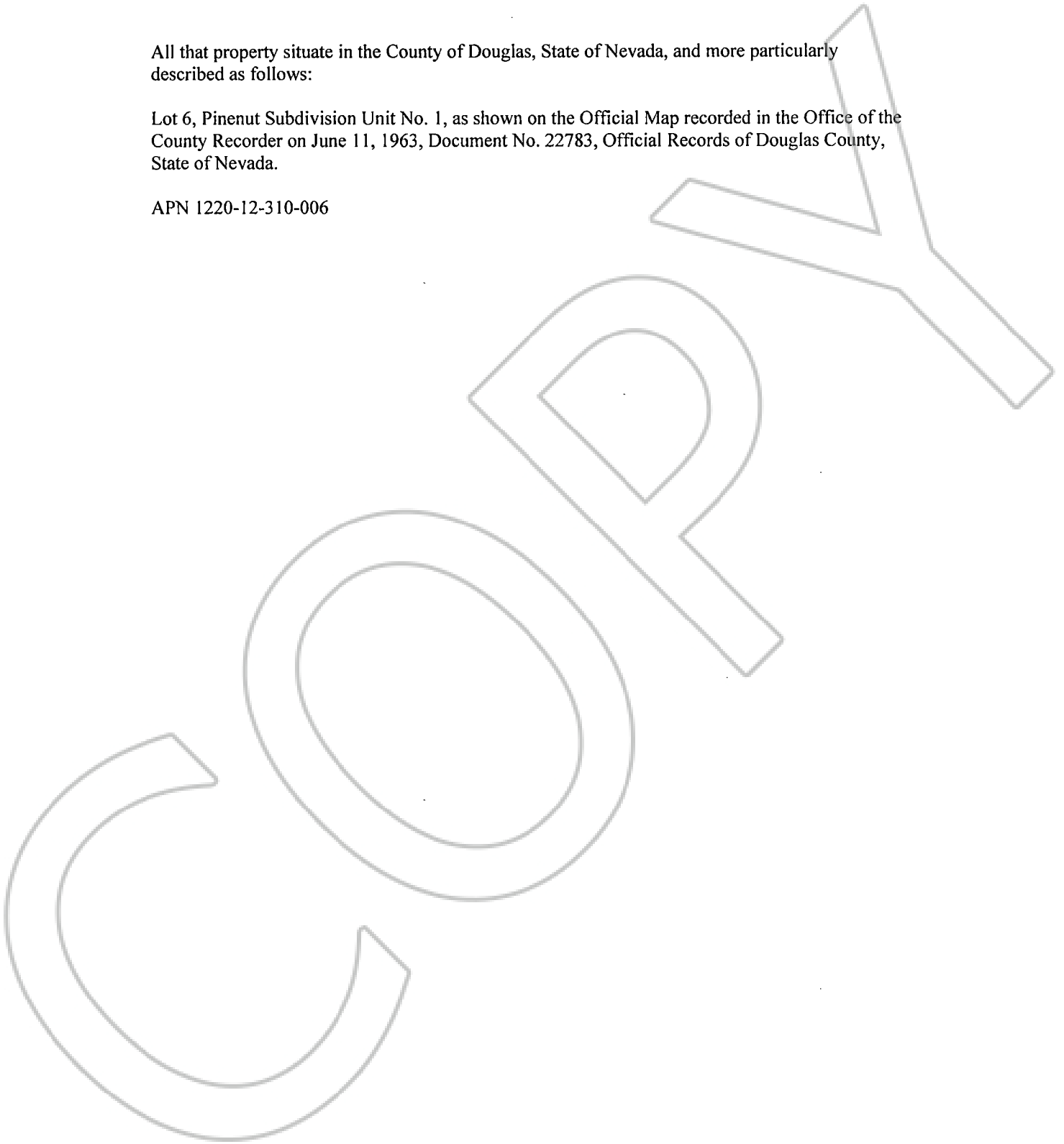


EXHIBIT "A"

All that property situate in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 6, Pinenut Subdivision Unit No. 1, as shown on the Official Map recorded in the Office of the County Recorder on June 11, 1963, Document No. 22783, Official Records of Douglas County, State of Nevada.

APN 1220-12-310-006



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 1220-12-310-006
 b) _____
 c) _____
 d) _____

2. Type of Property:

a) <input checked="" type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

FOR RECORDERS OPTIONAL USE ONLY
Notes: _____
<i>PK - Saw Trust</i>

3. Total Value/Sales Price of Property:

	\$
Deed in Lieu of Foreclosure Only (value of property)	\$
Transfer Tax Value:	\$
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 from 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 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 Robert D. Ferris Capacity Grantor
 Signature Theresa Nadine Szabadi Capacity Grantee

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Robert D. Ferris, Trustee
 Address: P.O. Box 962
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Theresa Nadine Szabadi
 Address: 150 W. Rincon Ave., Apt. R
 City: Campbell
 State: CA Zip: 95008

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)