



**STATE OF NEVADA  
DECLARATION OF VALUE**

**1. Assessor Parcel Number**

- a) 5-460-34
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>178125</u>
Book:	<u>347</u> Page: <u>282</u>
Date of Recording:	<u>5/22/02</u>
Notes:	_____

**2. Type of Property:**

- a)  Vacant Land
- b)  Single Family Res.
- c)  Condo/Twnhse
- d)  2-4 Plex
- e)  Apt. Bldg.
- f)  Comm'l/Ind'l
- g)  Agricultural
- h)  Mobile Home
- i)  Other

Payoff deed for contract dated: 10/12/89

**3. Total Value/Sales Price Property:** \$3,990.00  
 Deed in Lieu of Foreclosure Only (value of property) \$  
 Transfer Tax Value: \$3,990.00  
 Real Property Transfer Tax: \$5.20  
 (Tax is computed at 65¢ per \$500 value)

**4. If Exemption Claimed:**  
 a. Transfer Tax Exempt per NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

**5. Partial Interest: Percent 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 documentation if called upon to substantiate the information provided herein. Furthermore 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, Buyer and Seller shall be jointly and severally liable for any additional amount owed.** Clemen's Title Guarantee Co., Trustee  
 Signature By Kathryn Carnan Capacity Seller  
 Kathryn Carnan, Trust Officer

<u>SELLER (GRANTOR) INFORMATION</u> (REQUIRED)	<u>BUYER (GRANTEE) INFORMATION</u> (REQUIRED)
Print Name: Cattleman's Title Guarantee	Print Name: John F. Cuddy
Address: 1930 S. Dobson Road #2	Address: PO Box 328
City: Mesa	City: Lewiston
State: AZ Zip: 852	State: CA Zip: 96052

**COMPANY/PERSON REQUESTING RECORDING**  
 (REQUIRED IF NOT THE SELLER BUYER)  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)