

**STATE OF NEVADA
DECLARATION OF ALUE**

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	181704
Book:	360 Page: 387
Date of Recording:	4-28-03
Notes:	

1. Assessor Parcel Number (Lot #) only
 a) 003222-01
 b) _____
 c) _____
 d) _____

2. Type of Property:

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

3. Total Value/Sales Price of property: \$ 650.00
 Deed in Lieu of Foreclosure (value of property) \$ ~~650.00~~
 Transfer Tax Value: \$ 650
 Real Property Transfer Tax e: \$ 1.30

4. If Exemption Claimed:
 a. Transfer Tax Exemption, NRS 375.090, Section: _____
 b. Explain Reason for Exempr: _____

5. Partial Interest: Percenta being transferred: 100% of Lot #1 only

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, disallowance of any claimed exemption, or other determination of additional tax due, may result a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, thayer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity seller
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Kent Fair
 Address: 5402 Bu Run
 City: Austin TX 78727
 State: TX Zip: 78727

(REQUIRED)
 Print Name: Lawrence Whelan
 Address: 348 Camelot Est
 City: Portage
 State: IN Zip: 46368

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: [Signature] Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____