

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	193603
Book:	399 Page: 15/
Date of Recording:	11/4/04
Notes:	

1. Assessor Parcel Number (s)
 a) 001-101-02
 b) _____
 c) _____
 d) _____

2. Type of Property:

a) <input 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 checked="" type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property: \$ 0
 Deed in Lieu of Foreclosure Only (value of property) \$ 0
 Transfer Tax Value: \$ 0
 Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:
 a. Transfer Tax Exemption, per NRS 375.090, Section: 6
 b. Explain Reason for Exemption: TRANSFER TO A REVOCABLE TRUST WITH NO CONSIDERATION. LORRAINE B. DOTSON IS THE CREATOR + TRUSTEE OF THE LORRAINE DOTSON TRUST DTD 8/14/04

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 [Signature] Capacity Trustee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION		BUYER (GRANTEE) INFORMATION	
(REQUIRED)		(REQUIRED)	
Print Name:	<u>LORRAINE B. DOTSON</u>	Print Name:	<u>LORRAINE B. DOTSON</u>
Address:	<u>5 BITTERBRUSH ROAD</u>	Address:	<u>5 BITTERBRUSH ROAD</u>
City:	<u>RENO</u>	City:	<u>RENO</u>
State:	<u>NV</u> Zip: <u>89523</u>	State:	<u>NV</u> Zip: <u>89523</u>

COMPANY/PERSON REQUESTING RECORDING
 (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: CEST Escrow # _____
 Address: 3708 Lakeside Dr # 202
 City: RENO State: NV Zip: 89509