

**State of Nevada
Declaration of Value**

1. Assessor Parcel Number(s)
 a) 003-301-18
 b) _____
 c) _____
 d) _____

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	<u>200517</u>
Book: <u>419</u>	Page: <u>334</u>
Date of Recording: <u>8/18/05</u>	
Notes:	

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

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

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption, per NRS 375.090, Section: 8
 b. Explain Reason for Exemption: transfer from self to solely held corporation
articles of Incorporation presented
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 therein. 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 Lora E. Myles Capacity attorney for owner
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: JAY Scott
 Address: PO Box 211067
 City: Crescent Valley
 State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Aquarian Mining Exploration, Inc.
 Address: JAY Scott, President
 City: PO Box 211067 Crescent Valley
 State: NV Zip: 89821

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: Lora E. Myles, Esq. Escrow # _____
 Address: CARE Law Program
P.O. Box 3575
 City: Reno, NV 89505 State: _____ Zip: _____