



**State of Nevada  
Declaration of Value**

1. Assessor Parcel Number(s)  
 a) 003-302-21  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	<u>200521</u>
Book: <u>419</u>	Page: <u>338</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 [Signature] Capacity attorney for owner  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Print Name: JAY Scott  
 Address: PO Box 211067  
 City: Crescent Valley  
 State: NV Zip: 89821

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: \_\_\_\_\_