

**State of Nevada
Declaration of Value**

1. Assessor Parcel Number(s)

- a) 002-036-24
b) _____
c) _____
d) _____

FOR RECORDER'S OPTIONAL USE ONLY

Document/Instrument # 200526

Book: 419 Page: 349

Date of Recording: 8-18-05

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 land with mobile

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: 10

b. Explain Reason for Exemption: transfer from self to self w/ beneficiary
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 _____

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: Jay Scott
Address: PO Box 211067
City: 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

City: P.O. Box 3575

State: _____

Zip: _____

Reno, NV 89505