

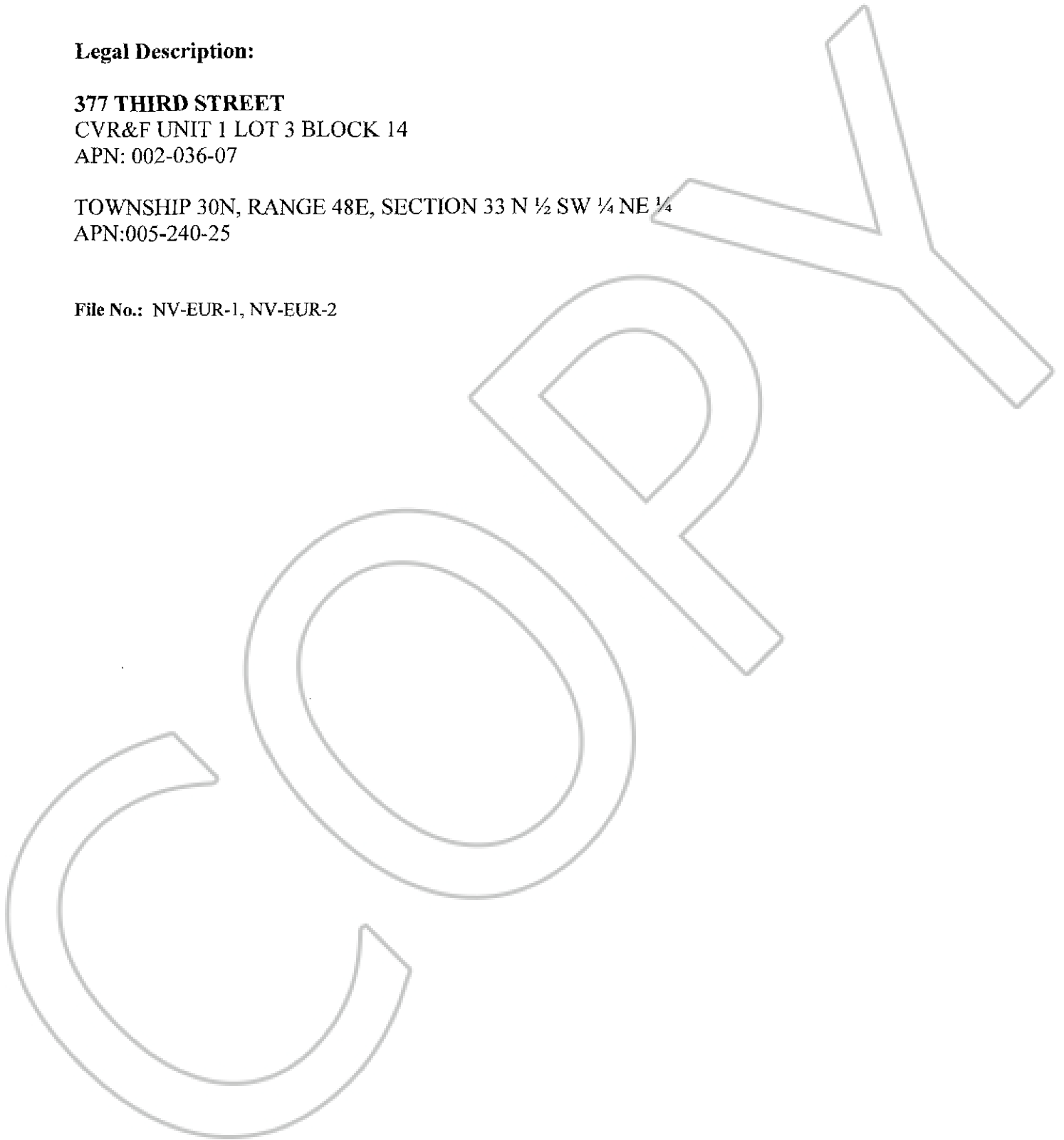
EXHIBIT "A"

Legal Description:

377 THIRD STREET
CVR&F UNIT 1 LOT 3 BLOCK 14
APN: 002-036-07

TOWNSHIP 30N, RANGE 48E, SECTION 33 N ½ SW ¼ NE ¼
APN:005-240-25

File No.: NV-EUR-1, NV-EUR-2



STATE OF NEVADA
DECLARATION OF VALUE FORM

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$40.00
Recorded By: FES RPTT: \$31.20
Book- 501 Page- 0120

1. Assessor Parcel Number(s)

- a) 002-036-07
- b) 005-240-25
- c) _____
- d) _____

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
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property

\$ 1420.57

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ 31.20

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section _____
- b. Explain Reason for Exemption: _____

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 parties agree that 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 Buyer

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Patricia Starmack

Address: 2739 Columbus Place

City: Santa Clara

State: CA Zip: 95051

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Brilliant Beacon, LLC

Address: 818 Lansing St #3

City: Chesaning

State: MI Zip: 48616

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____