



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Los Angeles

On Aug 18, 2011 before me, Sandra M. Hernandez notary public  
Date Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)  
Edna Lee Basmajian and John Orin Basmajian

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/hers/their~~ authorized capacity(ies), and that by ~~his/hers/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_



# STATE OF NEVADA DECLARATION OF VALUE

## DOC # DV-218431

08/23/2011 01:24 PM

### Official Record

Recording requested By  
JOHN ORIN BASMAJIAN

FOR RECO

Document/  
Book:  
Date of Re  
Notes:

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$15.00  
Recorded By: FES RPTT: \$9.75  
Book-520 Page-0287

#### 1. Assessor Parcel Number (s)

- a) 5-070-14
- 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 type="checkbox"/> | Comm/Vlnd'l     |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home.    |
| i) <input type="checkbox"/> | Other        |                             |                 |

#### 3. Total Value/Sales Price of Property:

\$ 4,406<sup>cc</sup>  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ 2,206 1/2 Brother to Sister  
 Real Property Transfer Tax Due: \$ 9.75

#### 4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for Exemption:  
MOTHER to DAUGHTER 1/2

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 376.060 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 Joint Tenant  
 Signature [Signature] Capacity Joint Tenant

SELLER (GRANTOR) INFORMATION		BUYER (GRANTEE) INFORMATION	
(REQUIRED)	<u>EDNA LEE BASMAJIAN</u>	(REQUIRED)	
Print Name:	<u>JOHN ORIN BASMAJIAN</u>	Print Name:	<u>LUCIA JONES</u>
Address:	<u>500 N ETHEL AVE</u>	Address:	<u>5260 MESA VERDE DR</u>
City:	<u>ALHAMBRA</u>	City:	<u>SPARKS</u>
State:	<u>CA</u> Zip: <u>91801</u>	State:	<u>NV</u> Zip: <u>89436</u>

#### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)