

CARRI WRIGHT
Notary Public, State of Nevada
Appointment No. 09-11022-8
(Notary Stamp)
My Appt. Expires Oct 6, 2013

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-224665

08/06/2013

10:20 AM

Official Record

FC
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Recording requested By
KYLE SPEAR

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: LLH RPTT: \$134.55
Book- 552 Page- 0248

1. Assessor Parcel Number (s)

a) 001-143-06
b) _____
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
i) ☐ Other

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 34,210
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ 141.45 134.55

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 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 Kyle Spear Capacity Buyer
Signature Rebecca L. Swanson Capacity Seller

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)

(REQUIRED)

Print Name: Rebecca L. Swanson Print Name: Kyle A. Spear
Address: P.O. Box 956 Address: po box 302
City: Eureka City: Eureka
State: NV Zip: 89316 State: NV Zip: 89316

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)