

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 002-054-01
 b) _____
 c) _____
 d) _____

DOC # DV-229304
 05/06/2015 02:36 PM
Official Record

Recording requested By
 EUREKA COUNTY TREASURER

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 _____

FOR
 DOCU _____
 BOOK _____
 DATE _____
 NOTE: _____

Eureka County - NV
Sara Simmons - Recorder
 Page 1 of 1 Fee: \$14.00
 Recorded By: LH RPTT: \$15.60
 Book- 578 Page- 0256

3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Forcclosure Only (value of property) (_____
 Transfer Tax Value: \$ 3506.00
 Real Property Transfer Tax Due: \$ 15.60

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 Beverly Conley Capacity Eureka County Treasurer
 Signature _____ Capacity _____

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

Print Name: Beverly Conley, Treasurer
 Address: PO Box 677
 City: Eureka
 State: NV Zip: 89316

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

Print Name: Government Land Sales, Inc.
 Address: PO Box 191051
 City: Boise
 State: ID Zip: 83719

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____