

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-232899

04/20/2017 01:15 PM

Official Record

- 1. Assessors Parcel Number(s)
 - a) 005-650-31
 - b) _____
 - c) _____
 - d) _____

Recording requested By
EUREKA COUNTY TREASURER

Eureka County - NV
Lisa Hoehne - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: CH RPTT: \$66.30

Book- 600 Page- 0420

- 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 _____

FOF

DOCUMENT/INSTRUMENT #:

BOOK PAGE

DATE OF RECORDING:

NOTES:

- 3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: **\$16,780.00**
 Real Property Transfer Tax Due: **\$66.30**

- 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, Eureka Co Treasure
Address: PO Box 677
City: Eureka
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Carl & Sharon Slagowski Family Trust
Address: HC 65 Box 30
City: Carlin
State: NV Zip: 89822

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/MICROFILMED)