

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)

a) 003-187-03
 b) _____
 c) _____
 d) _____

2. Type of Property:

- | | |
|--|------------------------|
| a) <input checked="" type="checkbox"/> Vacant Land | (10) Single Family Res |
| b) <input type="checkbox"/> Condo/Townhome | (11) 2-4 Plex |
| c) <input type="checkbox"/> Art Bldg | (12) Commercial |
| d) <input type="checkbox"/> Agricultural | (13) Mobile Home |
| e) <input type="checkbox"/> Other | |

COMMITMENTS _____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (Value of Property)	\$ <u>2000.00</u>
Transfer Tax Value:	\$ <u>200.00</u>
Real Property Transfer Tax Due:	\$ <u>7.60</u>
	+14

4. If Exemption Claimed:

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

Partial Interest: Percentage being transferred: 100

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, the information provided is correct to the best of their information 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]

Signature _____

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

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

Print Name: Kent Taylor
 Address: 5402 Bull Run Circle
 City: Austin
 State: TX Zip: 78727

Print Name: Dakota Malmrose + Shulea Hill
 Address: 3030 Raywood St
 City: FLINT
 State: MI Zip: 48504

**COMPANY/PERSON REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)**

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