

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-113-03
 b) _____
 c) _____
 d) _____

2. Type of Property:
- | | |
|--|--|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Townhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg | f) <input type="checkbox"/> Comm'/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 4900.⁰⁰
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 4900.⁰⁰
 Real Property Transfer Tax Due \$ 19.50

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090 Section _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %
 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 may 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 [Signature] Capacity Seller
 Signature _____ Capacity _____

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

Print Name: Kent Taylor
 Address: 5402 Bull Run Circle
 City: Austin
 State: Tx Zip: 75727

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

Print Name: Alonjahae Brooks
 Address: 3507 W. Stetson Ave #242
 City: HEMET
 State: CA Zip: 92545

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

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED