

EXHIBIT A

007-140-49 - PARCEL 1 OF MAP FILE #164387 – 39.175 ACRES

007-140-50 - PARCEL 2 OF MAP FILE #164387 – 39.175 ACRES

~~007-140-51~~ - PARCEL 3 OF MAP FILE #164387 – 39.184 ACRES
~~007-140-51~~

007-140-52 - PARCEL 4 OF MAP FILE #164387 – 37.119 ACRES



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 007-140-49
- b) 007-140-50
- c) 007-140-51
- d) 007-140-52

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
- Other

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

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 20,565.00
 Transfer Tax Value: _____
 Real Property Transfer Tax Due \$ 0.00

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 9
- b. Explain Reason for Exemption: A transfer to a business organization when the person conveying owns 100% of organization

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 Kim Kennedy West Capacity Manager

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED) BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Kim Kennedy West Print Name: Kim Kennedy West
 Address: 9380 S. Decatur Address: 9380 S. Decatur
 City: Las Vegas City: Las Vegas
 State: NV Zip: 89139 State: NV Zip: 89139

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

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