



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 20150224 002 002-052-24  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

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 \$ 3,500  
 Deed in Lieu of Foreclosure Only (value of property) ( JT )  
 Transfer Tax Value: \$ 13.65  
 Real Property Transfer Tax Due \$ 13.65

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 *Kimberly E* Capacity Grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: Kimberly Evans  
 Address: 78 McDaniell Way  
 City: Crescent Valley  
 State: Nevada Zip: 89821

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

Print Name: Joshua Turner  
 Address: 145 Wiseman Ave  
 City: Twin Falls  
 State: ID Zip: 83301

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_