

2025-254269
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KATHERINE J. BOWLING, CLERK RECORDER

 **KATELYN ZIEMANN**
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 24-5893-08 - Expires June 8, 2028

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

a) 003-452-05
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

\$ 10,000.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ 39.00

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 Lon Gilleard Capacity Grantor

Signature Mary Johnson Capacity Grantor

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

Print Name: Lon Gilleard
Address: 925 Yeomen Lane
City: Fallon
State: NV Zip: 89406

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

Print Name: Arden Nixon
Address: P.O. Box 827
City: Roundup
State: MT Zip: 59027

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

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED