



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1220-04-512-021  
 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  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <i>Partnership - OK KLB</i>	

3. Total Value/Sales Price of Property: \$135,000.00  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 9  
 b. Explain Reason for Exemption: Marla Coughtry, Karl Coughtry and Devin Coughtry are owners of Snowline Capital, FLP

5. Partial Interest: Percentage being transferred: \$100.1%

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 [Handwritten Signature] Capacity Attorney  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Karl Coughtry, Marla Coughtry & Devin G.  
 Print Name: Coughtry  
 Address: 2743 Stewart Avenue  
 City: Minden  
 State: NV Zip: 89423

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Snowline Capital, FLP  
 Print Name: \_\_\_\_\_  
 Address: 2743 Stewart Avenue  
 City: Minden  
 State: NV Zip: 89423

**COMPANY/PERSON REQUESTING RECORDING**  
 (required if not the seller or buyer)  
 Print Name: Nicole M. Harvey, Esq. Escrow # \_\_\_\_\_  
 Address: 4894 Sparks Boulevard  
 City: Sparks State: NV Zip: 89436

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)