

State of Nevada
Declaration of Value

1. Assessor Parcel Number(s)

- a) 1420-08-314-034
- 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 RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: <u>PK - Saw Trust</u>	

3. Total Value/Sales Price of Property: \$ _____

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

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due: \$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 7

b. Explain Reason for Exemption: Transfer from Trust to Trustor without consideration

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 therein. Furthermore, the 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 Irene P. Poletti Capacity owner

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: IRENE P. POLETTI

Address: 3489 LONG DRIVE

City: MINDEN

State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: IRENE P. POLETTI

Address: 3489 LONG DRIVE

City: MINDEN

State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City, State, Zip: _____