

**State of Nevada
Declaration of Value**

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	<i>Verified Trust</i>

1. Assessor Parcel Number(s)
a) 1320-30-211-008
b) _____
c) _____
d) _____

- 2 Type of Property:
- | | |
|--|---|
| a) <input type="checkbox"/> Vacant Land | b) <input checked="" type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other _____ | |

3. Total Value/Sales Price of Property: \$ _____
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: 7
b. Explain Reason for Exemption: Transfer to Trust 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: *Barbara E. Graham* Capacity: Grantor

SELLER (GRANTOR) INFORMATION - REQUIRED
Name: Barbara Graham

BUYER (GRANTEE) INFORMATION - REQUIRED
Name: Barbara Ellen Graham, Trustee of the *Graham-Fisher Living Trust dated December 19, 2016*

Address: 831 Mahogany Drive
City, State, ZIP: Minden, NV 89423

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City, State, ZIP: Minden, NV 89423

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: Heritage Law Group, P.C. Escrow # _____
Address: 1625 Highway 88, Suite 304
City, State, ZIP: Minden, NV 89423