

**State of Nevada
Declaration of Value**

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

1. Assessor Parcel Number(s)
 a) 1320-29-213-034
 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'/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: \$ 0.00

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: *Debra P. Gardia* Capacity: Grantor

SELLER (GRANTOR) INFORMATION - REQUIRED

Name: Debra P. Gardia
 Address: 1739 Bougainvillea Dr
 City, State, ZIP: Minden, NV 89423

BUYER (GRANTEE) INFORMATION - REQUIRED

Name: Debra P. Gardia, Trustee of the *D.P. Gardia Living Trust, dated January 18, 2018.*
 Address: 1739 Bougainvillea Dr.
 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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)