

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 1220-17-512-004
 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: <u>Trust OR BC</u>	

3. a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property) (_____)
 c. Transfer Tax Value: \$ _____
 d. 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: This is a transfer of title to a trust without consideration.

5. Partial Interest: Percentage being transferred: 100.00 %

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 Marilyn Diane Adame Capacity Grantor

Signature Michael G. Millward Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Marilyn Diane Adame
 Address: 976 Springfield Drive
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael G. Millward
 Address: 1591 Mono Avenue
 City: Minden
 State: NV Zip: 89423

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

Print Name: Michael G. Millward, Esq. Escrow #: _____
 Address: 1591 Mono Avenue
 City: Minden State: NV Zip: 89423