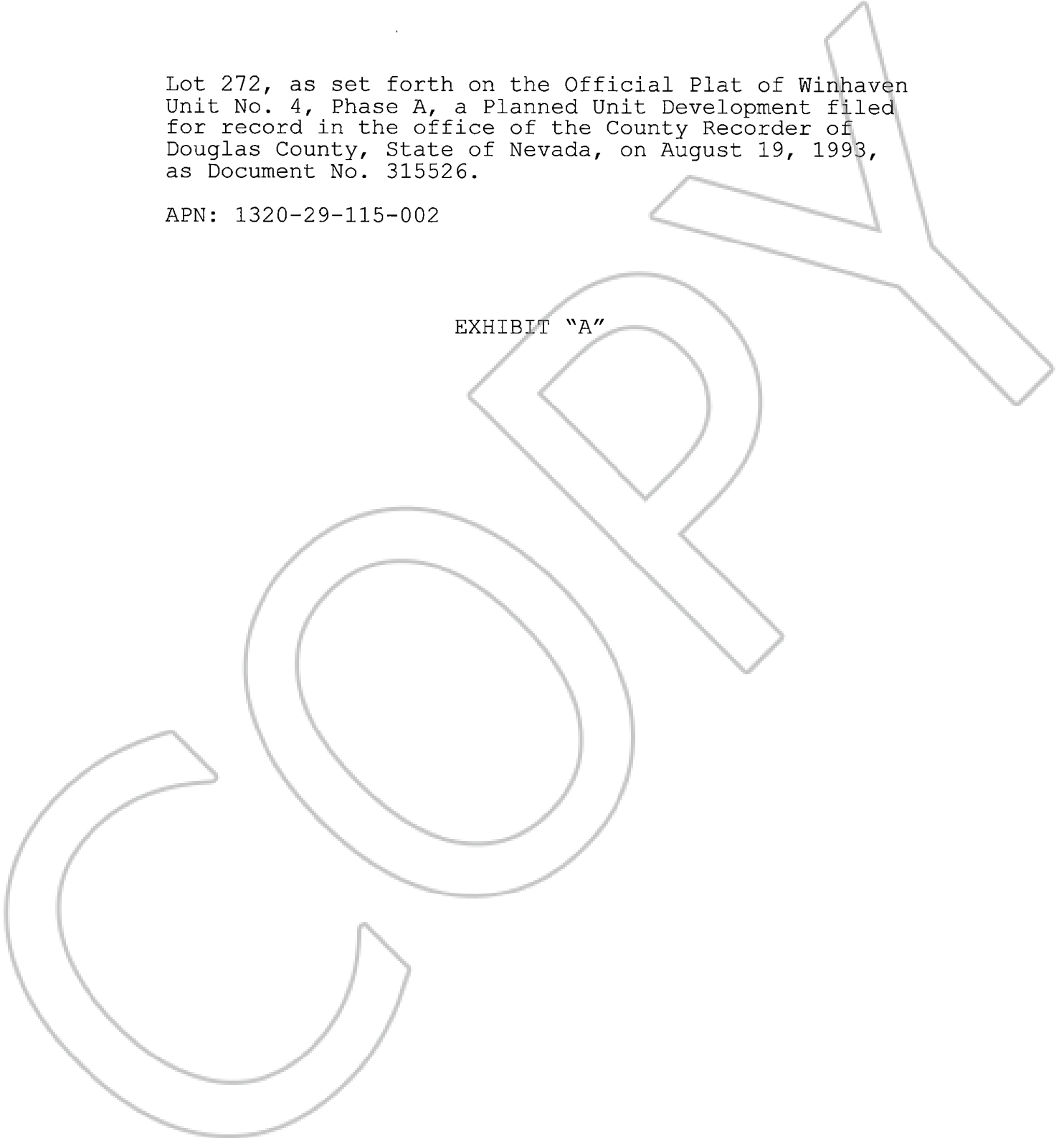


Lot 272, as set forth on the Official Plat of Winhaven
Unit No. 4, Phase A, a Planned Unit Development filed
for record in the office of the County Recorder of
Douglas County, State of Nevada, on August 19, 1993,
as Document No. 315526.

APN: 1320-29-115-002

EXHIBIT "A"



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 1320-29-115-002
 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 |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: <u>5/24/19</u>	
Notes: <u>Verified Trust</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 \$ 00.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 7
 b. Explain Reason for Exemption: TRANSFER TO GRANTORS' REVOCABLE TRUST WITHOUT CONSIDERATION. CERTIFICATE OF TRUST SHOWN AT TIME OF RECORDING

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 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 [Signature] Capacity: INDIVIDUAL GRANTOR
 Signature Valerie A. Frega Capacity: CO-TRUSTEE GRANTEE

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: JAMES P. FREGA
 Address: 1139 WISTERIA DRIVE
 City: MINDEN
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: VALERIE A. FREGA, Trustee
 Address: 1139 WISTERIA DRIVE
 City: MINDEN
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: MARK A. WINTER, ESQ Escrow # _____
 Address: 801 N. DIVISION STREET
 City: CARSON CITY State: NV Zip: 89703