

State of Nevada
Declaration of Value

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

1. Assessor Parcel Number(s)
a) 1420-08-216-004
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
i) 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: \$ 7

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
b. Explain Reason for Exemption: _____
Transfer from Trust to Grantor 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 James E Martin Capacity GRANTOR
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
Print Name: MARTIN TRUST
Address: 3507 LONG DR
City: MINDEN
State: _____ Zip 89423

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: JAMES E MARTIN
Address: _____
City: SAME
State: _____ Zip _____

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

Print Name: _____ Escrow # _____
Address: _____
City: _____ State _____ Zip _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)