

EXHIBIT "A"

PARCEL 1:

UNIT 348, AS SHOWN ON THE FINAL MAP #1008-7A FOR WINHAVEN, UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 17, 1995, IN BOOK 1195 OF OFFICIAL RECORDS AT PAGE 2675, AS DOCUMENT NO. 374950.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

PER NRS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT DOCUMENT NO. 2022-988235, on 08/08/2022.

APN: 1320-29-111-051

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1320-29-111-051
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 _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

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 # 5
b. Explain Reason for Exemption: Father adding daughter to deed 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 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 [Handwritten Signature] Capacity _____ Grantor

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Chester Downing
Address: 1116 Cedar Crest Dr.
City: Minden
State: NV Zip: 89423

Print Name: Chester Downing & Pamela Ray Maxwell
Address: 1116 Cedar Crest Dr.
City: Minden
State: NV Zip: 89423

**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/MICROFILMED)