

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

- a) _____
- 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' Bld'g
- g) Agricultural
- h) Mobile Home
- Other

FOR RECORDERS OPTIONAL USE ONLY
 Document/Instrument #: 117682
 Book 161 Page: 483
 Date of Recording: Feb. 11, 2002
 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 \$ 200

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 08
- b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

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: Attorney
 Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Wanda Vickie Hyman
 Address: HR 61 Box 21
 City: Ho
 State: NV Zip: 89017

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Hyman Family Trust
 Address: HR 61 Box 21
 City: Ho
 State: NV Zip: 89017

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

Print Name: Bret Okipple Escrow # _____
 Address: 615 Coley Pl Ave
 City: Ho State: NV Zip: 89017

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)