



COPY

118233

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AT THE REQUEST OF

Eduthe Bell

2002 JUN 3 AM 11 05

LINCOLN COUNTY RECORDED  
FEE 15.<sup>00</sup>  
LESLIE BOUCHER DEPTMS

# State of Nevada Declaration of Value

1. Assessor Parcel Number(s)

- a) 1-122-02
- b) 1-122-03
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property

- a)  Vacant Land
- c)  Condo/Townhouse
- e)  Apartment Building
- g)  Agriculture
- i)  other \_\_\_\_\_
- b)  Single Family Res.
- d)  2-4 Plex
- f)  Commercial /Ind'l
- h)  Mobile Home

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Date of Recording: <u>June 3, 2002</u>	
Notes: _____	

- 3. Total Value / Sales Price of Property \$ \_\_\_\_\_
- Deed In Lieu Only (value of forgiven debt) \$ \_\_\_\_\_
- Taxable Value \$ \_\_\_\_\_
- Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, section: \_\_\_\_\_
- b. Explain Reason for Exemption: From mother to mother, daughter

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 1/4% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

Print Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Print Name Edythe M. Bell  
 Address P.O. Box 543  
 City Pioche,  
 State NEVADA Zip 89043

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

Co. Name \_\_\_\_\_ Esc. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

(As a public record, this form may be recorded / microfilmed)