

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a) 13-110-07
 b) _____
 c) _____
 d) _____

2. Type of Property:
- | | |
|--|--|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input 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'/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY	
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Date of Recording: <u>4-16-04</u>	
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 6
 b. Explain Reason for Exemption: TRANSFER WITHOUT CONSIDERATION TO OR FROM A TRUST
 5. Partial Interest: Percentage being transferred: 20 %

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 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 George Mackie Capacity GRANTOR
 Signature _____ Capacity _____

<u>SELLER (GRANTOR) INFORMATION</u> (REQUIRED)	<u>BUYER (GRANTEE) INFORMATION</u> (REQUIRED) GEORGE MACKIE, TRUSTEE
Print Name: <u>GEORGE MACKIE</u>	Print Name: <u>THE GEORGE MACKIE TRUST</u>
Address: <u>4195 SEVILLE ST</u>	Address: <u>4195 SEVILLE ST</u>
City: <u>LAS VEGAS</u>	City: <u>LAS VEGAS</u>
State: <u>NV</u> Zip: <u>89121</u>	State: <u>NV</u> Zip: <u>89121</u>

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: RALPH L. DENTON, ESQ Escrow # _____
 Address: 626 SO. SEVENTH ST
 City: LAS VEGAS State: NV Zip: 89101

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)