



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 2-073-18 and 2-103-07  
 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  
 Other

**FOR RECORDERS OPTIONAL USE ONLY**  
 Document/Instrument #: 175407  
 Book 207 Page: 499  
 Date of Recording: Oct 20, 2005  
 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 87  
 b. Explain Reason for Exemption: Transfer to Trust  
 \_\_\_\_\_  
 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 Steven R Heiselbetz Capacity Seller  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

Print Name: Steven R. Heiselbetz  
 Address: PO Box 203/100 Heaps St.  
 City: Panaca  
 State: Nevada Zip: 89042

Print Name: Heiselbetz Family Trust  
 Address: PO Box 203/100 Heaps St.  
 City: Panaca  
 State: Nevada Zip: 89042

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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