



ESCROW NO: 06053198-020-MDC

EXHIBIT A

SITUATE IN A PORTION OF SECTIONS 7 AND 8, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B. & M., MORE PARTICULARLY DESCRIBED FOLLOWS:

ALL OF LOT THREE (3) AND THE WEST ONE HALF OF LOT TWO (2) IN BLOCK THIRTY-NONE (39), AS SHOWN ON THE OFFICIAL PLAT KNOWN AS THE THOMAS E. DIXON ADDITION TO THE TOWN OF CALIENTE, RECORDED SEPTEMBER 9, 1936 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK "A" OF PLATS, PAGE 46, LINCOLN COUNTY, NEVADA RECORDS.

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 3-097-02  
 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 RECORDER'S OPTIONAL USE ONLY**  
 Book: 270 Page: 1-2  
 Date of Recording: July 31, 2006  
 Notes: # 126934

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 05  
 b. Explain Reason for Exemption: Transfer from father to daughter

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 [Signature] Capacity TITLE officer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: THOMAS C. Aeklin  
 Address: 181 Main St.  
 City: CAHENTE  
 State: NV Zip: 89008

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: Denise G. Tallant  
 Address: 181 Main St.  
 City: CAHENTE  
 State: NV Zip: 89008

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: CHICAGO TITLE INSURANCE COMPANY Escrow #: 1208229288  
 Address: 18989 VON KARMAN  
 City: IRVINE, CALIFORNIA 92606 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE (949) 263-2500

**AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED**

BOOK **220** PAGE **03**