

Recording requested By
THW WHALEN GROUP

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: LB RPTT:
Book- 235 Page- 0441

STATE OF NEVADA
DECLARATION OF VALUE

- Assessor Parcel Number(s)
 - 001-332-29
 -
 -
 -

- Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam.Res
c) <input type="checkbox"/>	Condo/Twnhe	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	g) <input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Other		

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

- Total Value/Sales Price of Property: \$ _____ N/A
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____ 0.00

- If Exemption Claimed:
 - Transfer Tax Exemption per NRS 375.090, Section 7
 - Explain Reason for Exemption: This is a transfer of title without consideration into their inter vivos trust.
- 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 Jimmie E. Bean Capacity OWNER
 Signature Jimmie E. Bean Capacity TRUSTEE

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: JIMMIE E. BEAN
 Address: P.O. BOX 543
 City: PIOCHE
 State: NEVADA Zip 89043

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: JIMMIE E. BEAN
 Address: P.O. BOX 543
 City: PIOCHE
 State: NEVADA Zip 89043

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

Print Name: JIMMIE E. BEAN Esc. #: _____
 Address: P.O. BOX 543
 City: PIOCHE State: NV Zip: 89043

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