

Recording requested By
LESLIE BOUCHER

Lincoln County - NV

Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00

Recorded By: RE RPTT

Book- 239 Page- 0714

STATE OF NEVADA
DECLARATION OF VALUE FORM

- 1. Assessor Parcel Number(s)
 - a) 001-192-36
 - b) _____
 - c) _____
 - d) _____

- 2. Type of Property:

<ul style="list-style-type: none"> a) <input checked="" type="checkbox"/> Vacant Land c) <input type="checkbox"/> Condo/Twnhse e) <input type="checkbox"/> Apt. Bldg g) <input type="checkbox"/> Agricultural <input type="checkbox"/> Other 	<ul style="list-style-type: none"> b) <input type="checkbox"/> Single Fam. Res. d) <input type="checkbox"/> 2-4 Plex f) <input type="checkbox"/> Comm'l/Ind'l h) <input type="checkbox"/> Mobile Home
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FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
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 5
 - b. Explain Reason for Exemption: Parent to Daughter + Son-in-law

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 Leslie Boucher Capacity _____

Signature ALISON LONG Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Leslie Boucher

Address: P.O. Box 84

City: Pioche

State: NV Zip: 89043

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: ALISON LONG

Address: P.O. Box 366

City: Pioche

State: Nevada Zip: 89043

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

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____