

State of Nevada Declaration of Value

DOC # DV-133772

05/19/2009

03:49 PM

Official Record

1. Assessor Parcel Number(s)

- a) 001-034-07
- b) _____
- c) _____
- d) _____

Recording requested By
JEAN M. HEMMINGS

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$15.00
Recorded By: LB RPTT:

Book- 248 Page- 0457

FOR RECORDERS OPTIONAL USE ONLY

Document / Instrument # _____
Book: _____ Page: _____
Date of Recording: _____
Notes: _____

2. Type of Property

- a) Vacant Land
- b) Single Family Res.
- c) Condo/Townhouse
- d) 2-4 Plex
- e) Apartment Building
- f) Commercial /Ind'l
- g) Agriculture
- h) Mobile Home
- i) other _____

3. Total Value / Sales Price of Property

Deed In Lieu Only (value of forgiven debt) \$ _____
Taxable 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: Mother to Daughter

5. Partial Interest: Percentage being transferred: 100 %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 1/2% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Teresa M. Hemmings Talbot Capacity Agent

Signature Teresa M. Hemmings Talbot Capacity _____

SELLER (GRANTOR) INFORMATION

Print Name Jean M. Hemmings
Address PO Box 541
City Pioche
State NV Zip 89043

BUYER (GRANTEE) INFORMATION

Print Name Teresa M. Hemmings Talbot
Address 7529 Silver Leaf Way
City Las Vegas
State NV Zip 89147

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT BUYER OR SELLER)

Co. Name _____ Esc. # _____
Address _____
City _____ State: _____ Zip _____

(As a public record, this form may be recorded / microfilmed)