

Recording requested By
 PENNY TAYLOR

Lincoln County - NV
 Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00
 Recorded By: AE RPTT:
 Book- 249 Page- 0429

**STATE OF NEVADA
 DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a. 6-121-03
 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: _____	Page: _____
Date of Recording: _____	
Notes: <u>exempt \$50k</u>	

3. a. Total Value/Sales Price of Property \$ 10,000.00
 b. Deed in Lieu of Foreclosure Only (value of property) (_____)
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: Transfer from mother and son to son only

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 Annabelle Taylor Capacity Grantor
 Signature R Taylor Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Annabelle Taylor
 Address: 532 Oakbrook Lane
 City: Las Vegas
 State: Nevada Zip: 89109

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Ron Taylor
 Address: P.O. Box
 City: Logandale
 State: Nevada Zip: 89021

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____