



# State of Nevada Declaration of Value

DOC # DV-134151

08/20/2009

11:06 AM

Official Record

1. Assessor Parcel Number(s)

- a) 006-241-64
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

Recording requested By  
JOE MORROW

Lincoln County - NV

Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00

Recorded By: DP RPTT:

Book- 250 Page- 0328

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 \_\_\_\_\_

FOR RECORDERS OFFICIAL USE ONLY

Document / Instrument # \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: Saw Deed on DP

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: 6

b. Explain Reason for Exemption: degree of divorce

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 Linda Morrow Capacity Grantor

Signature Joe W Morrow Capacity Grantee

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

Print Name LINDA Morrow  
Address 7101 Trading Post Lane  
City Las Vegas  
State NV Zip 89128

Print Name Joe W Morrow  
Address HC 74 Box 187  
City Pioche  
State NV Zip 89043

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)