

Recording requested By
JAMES PARK

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: AE RPTT: \$15.60
Book-272 Page-0664

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) APN: 01-280-11
- 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: _____	

3. Total Value/Sales Price of Property

\$- 3,763

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$- 15.60

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section _____
- b. Explain Reason for Exemption: _____

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 Jim Vincent, Manager Capacity Grantor's Manager
James L Park Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Jd S Properties LLC / Jim Vincent
 Address: 250 S. Boulder Hwy, #241
 City: HENDERSON
 State: NV Zip: 89015

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: James L. Park
 Address: 341 E. Long Acres DR.
 City: HENDERSON
 State: NV Zip: 89015

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____