



Recording requested By  
JAMES PARK

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$14.00  
Recorded By: AE RPTT: \$7.80  
Book- 272 Page- 0677

STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) APN: 01-280-29
- 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'/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

\$ 1,1657  
Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due \$ 7.80

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, J+S Properties LLC  
 Signature James L. Park Capacity Grantee

**SELLER (GRANTOR) INFORMATION**  
(REQUIRED)

Print Name: J+S Properties LLC / Jim Vincent  
Address: 250 S. Boulder Hwy, #247  
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: \_\_\_\_\_