This instrument was acknowledged before me on this 2 day of 3 one, 2013 by Yours M. Robert S. and

Pierce

STATE OF NEVADA (COUNTY OF LINCOLN)

NOTARYPUBLIC

SHERRI HITT
Notary Public
State of Washington
My Commission Expires
October 5, 2014

DOC # DV-143646

07/03/2013

2 31 PM

Official Record

Recording requested By ELIZABETH MARCHELLO

STATE OF NEVADA Lincoln County - NV DECLARATION OF VALUE FORM Leslie Boucher - Recorder 1. Assessor Parcel Number(s) a) DD/-1/2-D2 Page 1 of 1 Fee: \$14.00 RPTT: \$117.00 Recorded By: LB b) Book- 280 Page- 0180 c) d) 2. Type of Property: b) [[Single Fam. Res. FOR RECORDER'S OPTIONAL USE ONLY Vacant Land a) 2-4 Plex Condo/Twnhse d) c) Comm'l/Ind'l e) Apt. Bldg f) Date of Recording: Agricultural Mobile Home Notes: g) h) Other 3. Total Value/Sales Price of Property Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Due 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section b. Explain Reason for Exemption: 5. Partial Interest: Percentage being transferred: /00 % 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 Capacity is gloth Marchallo Capacity _____ Signature SELLER (GRANTOR) INFORMATION **BUYER (GRANTEE) INFORMATION** (REQUIRED) Print Name: Elizabeth Print Name: \ Address: 1283 N. C Address: 3 2 3 29 City: Rou City: Las Vagas State: No /a d a Zip: COMPANY/PERSON REQUESTING RECORDING (required if not seller or buver) Print Name: Escrow #: Address:

City:

State:

Zip: