

Recording requested By
JUDY BARTON

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 2 Fee: \$14.00
Recorded By: LB RPTT: \$118.95
Book- 291 Page- 0216

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a) 013 180 07
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 Storage/ Shed

FOR RECORDER'S OPTIONAL USE ONLY
Book: _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property \$ 30,020
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due \$ 118.95

4. If Exemption Claimed:

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

5. Partial Interest: Percentage being transferred: 100 %

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 _____

Signature Judy Barton Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Mark R. Holt - Linda T. Holt
Address: po Box 416
City: Cabeate
State: NV Zip: 89408

Print Name: Judy Barton
Address: po Box 841
City: Cabeate
State: NV Zip: 89408

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

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

**STATE OF NEVADA
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Signature _____ Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

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

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Tarence T Wilcox
 Address: 275 N Jew E
 City: Wahington
 State: UT Zip: 84780

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

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