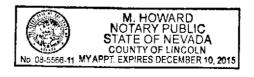
This instrument was acknowledged before me on this 6 day of 1100 nd 2015 by bhn Wagne Tibbets and way Cuffepar Tibbetts

NOTARY PUBLIC

STATE OF NEVADA )
COUNTY OF LINCOLN )



Record

Recording requested By JOHN W & MARY E. TIBBETTS

## STATE OF NEVADA **DECLARATION OF VALUE FORM** Lincoln County - NV 1. Assessor Parcel Number(s) Leslie Boucher - Recorder a) 003-086-02 Page 1 of 1 Fee: \$14.00 b) RPTT Recorded By: AE c) Book- 292 Page- 0029 d) 2. Type of Property: Single Fam. Res. a) Vacant Land b)[7 FOR RECORDER'S OPTIONAL USE ONLY Condo/Twnhse 2-4 Plex c) d) Book: Page: Apt. Bldg Comm'l/Ind'l e) f) Date of Recording: g) Agricultural h) Mobile Home Notes: 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: Transfer 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 Capacity Signature Capacity \_\_\_\_\_ SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) (REQUIRED) Print Name: John W. Tibbetts and Mory E. Tibbet Print Name: Joshuce Kyle Tibbetts Address: 4419 West Hower Rd Address: P.O. Box 191 City: Caliente City: Phoenix Zip: 89008 State: Nevada State: Avizona Zip: 85086 COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Print Name: Escrow #: \_\_\_\_ Address: \_\_\_\_ State: Zip: City:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED