

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
a) 001-250-30
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 Date of
g) Agricultural h) Mobile Home Notes:
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
Book: _____ Page: _____
Date of Recording: _____
Notes: Trust on file - AK

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 7
b. Explain Reason for Exemption: Transfer to or from a Trust without consideration

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 Attorney
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)
Print Name: **Philip J. Fabian and Lana L. Fabian**
Address: P.O. Box 8
City: Pioche
State: Nevada 89043

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: **The Fabian Family Revocable Living Trust Dated June 28, 2024**
Address: P.O. Box 8
City: Pioche
State: Nevada 89043

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

Print Name: CASSADY LAW OFFICES Escrow #: _____
Address: 2400 W. Horizon Ridge Pkwy
City: Henderson State: NV Zip: 89052