STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
   a. _____
   b. _____
   c. _____
   d. _____

2a. Type of Property:

a. ☐	Vacant Land	b. ☐	Single Fam. Res.
c. ☐	Condo	d. ☐	2-4 Plex
e. ☐	Apt. Bldg.	f. ☐	Comm'l/Ind'l
g. ☐	Agricultural	h. ☐	Mobile Home
i. ☐	Other: _____		

FOR RECORDER'S OPTIONAL USE ONLY
Notes: _____

2b. Property Tax Abatement per NRS 361.4723 and 361.4724:

a. ☐ Owner Occupied b. ☐ Residential Rental Dwelling
c. ☐ Other: _____

* Note, if not signed by the owner (grantee), Assessor will mail out separate form.

3. a. Total Value/Sales Price of Property: $_____
   b. Deed in Lieu of Foreclosure Only (value of property) (_____)
   c. Transfer Tax Value: $_____
   d. 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: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060, NRS 375.110, NRS 361.4723, and NRS 361.4724 that the information provided on this form 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 the disallowance of any claimed exemption and or abatement may result in a penalty. In addition, 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 (REQUIRED)

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

BUYER (GRANTEE) INFORMATION (REQUIRED)

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

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

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED