

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL NUMBER(S) (primary parcel number):
 Primary Parcel: 512 04 00342
 BOOK MAP PARCEL SPLIT LETTER
 Does this sale include any parcels that are being split / divided?
 Check one: Yes No
 How many parcels, other than the Primary Parcel, are included in this sale? 1
 Please list the additional parcels below (no more than four):
 (1) _____ (3) _____
 (2) _____ (4) _____

2. SELLER'S NAME AND ADDRESS:
Riggs Marketplace, L.L.C.
De Rito Partners Development, Inc. 3200 East Camelback Road, Suite 175
Phoenix, AZ 85018

3. (a) BUYER'S NAME AND ADDRESS:
John Wayne Fazzari, L.L.C.
2415 East Camelback Road, Suite 900
Phoenix, AZ 85016

(b) Are the Buyer and Seller related: Yes _____ No
 If yes, state relationship: _____

4. ADDRESS OF PROPERTY:
Shopping Center
Maricopa, AZ

5. MAIL TAX BILL TO:
Granite Capital Investments, Inc.
101 Church Street, Suite 6
Los Gatos, CA 95030

6. PROPERTY TYPE (for Primary Parcel): **NOTE: Check Only One Box**

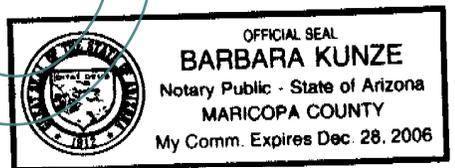
a. <input checked="" type="checkbox"/> Vacant Land	f. <input checked="" type="checkbox"/> Commercial or Industrial Use
b. <input checked="" type="checkbox"/> Single Family Residence	g. <input checked="" type="checkbox"/> Agricultural
c. <input checked="" type="checkbox"/> Condo or Townhouse	h. <input checked="" type="checkbox"/> Mobile or Manufactured Home
d. <input checked="" type="checkbox"/> 2-4 Plex	i. <input checked="" type="checkbox"/> Other Use, Specify:
e. <input checked="" type="checkbox"/> Apartment Building	

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d, or h in Item 6 above, please check one of the following:
 To be occupied by owner or family member.
 To be rented to someone other than family member.
 See reverse side for definition of a "family member."

8. NUMBER OF UNITS: _____
 For Apartment Properties, Motels, Hotels, Mobile Home Parks, RV Parks, Mini-Storage Properties, etc.

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller/Agent: CHARLES CARLISE, AUTHORIZED AGENT
 State of ARIZONA County of MARICOPA
 Subscribed and sworn to before me on this 15 day of SEPTEMBER, 2005
 Notary Public: Barbara Kunze
 Notary Expiration Date: 12-28-06



9. COUNTY OF RECORDATION: FINAL
 (a) FEE NO: 2005-123145
 (b) RECORD DATE: 09/16/05
 (c) _____
 (d) _____

Validation Codes:
 (e) ASSESSOR: _____ (f) DOR: _____
ASSESSOR'S USE ONLY
 Verify Primary Parcel in Item 1: _____
 Use Code: _____ Full Cash Value: \$ _____

10. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

a. <input checked="" type="checkbox"/> Warranty Deed	d. <input checked="" type="checkbox"/> Contract or Agreement
b. <input checked="" type="checkbox"/> Special Warranty Deed	e. <input checked="" type="checkbox"/> Quit Claim Deed
c. <input checked="" type="checkbox"/> Joint Tenancy Deed	f. <input checked="" type="checkbox"/> Other

11. SALE PRICE: 3,650,000.00 00
 12. DATE OF SALE (Numeric Digits): _____
 _____/_____/_____
 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: \$ 3,650,000.00 00

14. METHOD OF FINANCING:

a. <input checked="" type="checkbox"/> Cash (100% of Sale Price)	e. <input type="checkbox"/> New loan(s) from Financial Institution:
b. <input type="checkbox"/> Exchange or trade	(1) <input type="checkbox"/> Conventional
c. <input type="checkbox"/> Assumption of existing loan(s)	(2) <input type="checkbox"/> VA
d. <input type="checkbox"/> Seller Loan (Carryback)	(3) <input type="checkbox"/> FHA
	f. <input type="checkbox"/> Other financing; Specify: _____

15. PERSONAL PROPERTY (see reverse side for definition):
 (a) Did the Sale Price in Item #11 include Personal Property that Impacted the Sale Price by 5% or more? Yes _____ No
 (b) If Yes, provide the dollar amount of the Personal Property:
 \$ _____ 00 AND
 briefly describe the Personal Property: _____

16. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone):
First American Title Insurance Company National Commercial
2425 E. Camelback Road, Suite 300
Phoenix, AZ 85016
NCS-156992-PHX6 (ARS) Phone (602)567-8100

18. LEGAL DESCRIPTION (attach copy if necessary):
Lot 8, of FINAL PLAT OF MARICOPA FIESTA PHASE II (E / 170)

Signature of Buyer/Agent: _____
 State of 112 County of Maricopa
 Subscribed and sworn to before me on this _____ day of _____
 Notary Public: Peggy Barber
 Notary Expiration: 8-24-07

