

# AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL NUMBER(S) (primary parcel number):  
 Primary Parcel: 103-29-0590 1

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? \_\_\_\_\_  
 Please list the additional parcels below (no more than four):  
 (1) \_\_\_\_\_ (3) \_\_\_\_\_  
 (2) \_\_\_\_\_ (4) \_\_\_\_\_

2. SELLER'S NAME AND ADDRESS:  
Deborah H. Charron  
2143 South Tomahawk Road  
Apache Junction, Az 85219

3. (a) BUYER'S NAME AND ADDRESS:  
Carl Fitzwater  
2143 South Tomahawk Road  
Apache Junction, AZ 85219

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

4. ADDRESS OF PROPERTY:  
2143 South Tomahawk Road  
Apache Junction, AZ 85219

5. MAIL TAX BILL TO:  
Carl Fitzwater  
2143 South Tomahawk Road  
Apache Junction, AZ 85219

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

|   |   |
|---|---|
| a <input type="checkbox"/> Vacant Land                        | f <input type="checkbox"/> Commercial or Industrial Use |
| b <input checked="" type="checkbox"/> Single Family Residence | g <input type="checkbox"/> Agricultural                 |
| c <input type="checkbox"/> Condo or Townhouse                 | h <input type="checkbox"/> Mobile or Manufactured Home  |
| d <input type="checkbox"/> 2-4 Plex                           | i <input type="checkbox"/> Other Use, Specify: _____    |
| e <input 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  To be rented to someone other than "family member."  
 "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.

9. **FOR NOTARIAL USE ONLY: Buyer and Seller leave blank**

(a) Count      COUNTY OF RECORDATION: PINAL  
 (b) Dock      FEE NO:      2005-134166  
 (c) Date      RECORD DATE:      10/04/05  
 (d) Fee /

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

11. SALE PRICE: 125,000.00      00  
 12. DATE OF SALE (Numeric Digits): 09/05  
 Month      Year  
 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: \$ 41,500      00

14. METHOD OF FINANCING:

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

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 X  
 (b) If Yes, provide the dollar amount of the Personal Property:  
 \$ 0.00      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  
3048 E. Baseline Rd., Suite 101  
Mesa, AZ 85204  
223-4562743 (rnr)      Phone (480)831-1370

18. LEGAL DESCRIPTION (attach copy if necessary):  
Lot 54, of SUPERSTITION VISTA MOBILE ESTATES (15 / 17)

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.

Deborah H. Charron  
 Signature of Seller/Agent  
 State of Az County of Maricopa  
 Subscribed and sworn to before me on this 27 day of September 2005  
 Notary Public [Signature]  
 Notary Expiration Date \_\_\_\_\_

Sharon Hastings  
 Signature of Buyer/Agent  
 State of Az County of Maricopa  
 Subscribed and sworn to before me on this 27 day of September 2005  
 Notary Public [Signature]  
 Notary Expiration Date \_\_\_\_\_

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