

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL NUMBER(S) (primary parcel number):
 Primary Parcel: 305-93-4010

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:
D.R. Horton, Inc.
5255 East Williams Circle Suite 1050
Tucson, AZ 85711

3. (a) BUYER'S NAME AND ADDRESS:
Mary E. Hallett
39232 South Mountain Shadow Drive
Tucson, AZ 85739

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

4. ADDRESS OF PROPERTY:
39232 South Mountain Shadow Drive
Tucson, AZ 85739

5. MAIL TAX BILL TO:
Mary E. Hallett
39232 South Mountain Shadow Drive
Tucson, AZ 85739

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 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.

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

(a) County of Recordation: Pinal
 (b) Docket & Page Number: _____
 (c) Date of Recording: 06-30-06
 (d) Fee / Recording Number: 2006-073853

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 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 type="checkbox"/> Other

11. SALE PRICE: 425,085.00 00

12. DATE OF SALE (Numeric Digits): October 10, 2005
 Month Year
 (For example: 03 / 05 for March 2005)

13. DOWN PAYMENT: \$ 00.00 00

14. METHOD OF FINANCING:

a. <input 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 checked="" 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
5285 E. Williams Circle, Suite 107
Tucson, AZ 85711
230-4579863 (dj) Phone (520)299-7121

18. LEGAL DESCRIPTION (attach copy if necessary):
 LOT 399, OF EAGLE CREST RANCH III, ACCORDING TO THE PLAT OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF PINAL COUNTY, ARIZONA, RECORDED IN CABINET E, SLIDE 73 AND AFFIDAVIT OF CORRECTION RECORDED AS 2005-68437 OF OFFICIAL RECORDS.

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 _____
 State of _____ County of _____
 Subscribed and sworn to before me on this _____ day of _____
 Notary Public _____
 Notary Expiration Date _____

Signature of Buyer/Agent M. Hallett
 State of Az County of Pinal
 Subscribed and sworn to before me on this _____ day of _____
 Notary Public _____
 Notary Expiration _____

SIGNED IN COUNTERPART

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