

## AFFIDAVIT OF PROPERTY VALUE

### 1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)

Primary Parcel: 102 - 56 - 012 -  
BOOK MAP PARCEL SPLIT

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 (attach list if necessary):

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

### 2. SELLER'S NAME AND ADDRESS:

Avondale Integrated Medical Services 1, L.L.C.  
9250 N. 3rd Street, Ste 4025  
Phoenix, AZ 85020

### 3. (a) BUYER'S NAME AND ADDRESS:

DOC-10815 West McDowell Road MOB, LLC  
309 North Water Street, Suite 500  
Milwaukee, Wisconsin 53202

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

### 4. ADDRESS OF PROPERTY:

10815 W. McDowell Road  
Phoenix, Arizona 85392

### 5. (a) MAIL TAX BILL TO: (Taxes due even if no bill received)

DOC-10815 West McDowell Road MOB, LLC  
309 North Water Street, Suite 500  
Milwaukee, Wisconsin 53202

(b) Next tax payment due 10/01/15

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

- a.  Vacant Land
- b.  Single Family Residence
- c.  Condo or Townhouse
- d.  2-4 Plex
- e.  Apartment Building
- f.  Commercial or Industrial Use
- g.  Agricultural
- h.  Mobile or Manufactured Home  
 Affixed  Not Affixed
- i.  Other Use; Specify:

### 7. RESIDENTIAL BUYER'S USE: If you checked b, c, d or h in Item 6 above, please check one of the following:

- a.  To be used as a primary residence.
- b.  To be rented to someone other than a "qualified family member."
- c.  To be used as a non-primary or secondary residence.

See reverse side for definition of a "primary residence, secondary residence" and "family member."

8. If you checked e or f in Item 6 above, indicate the number of units: \_\_\_\_\_  
For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc.

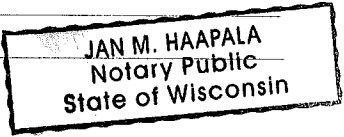
THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller / Agent \_\_\_\_\_  
State of Arizona, County of Maricopa  
Subscribed and sworn to before me on this 2th day of August 2015  
Notary Public Karen M. Grady  
Notary Expiration Date 11/1/2018  
DOR FORM 82162 (04/2014)



**KAREN M. GRADY**  
Notary Public - Arizona  
Maricopa County  
Expires 11/01/2018

Signature of Buyer / Agent Tammy A. Martin  
State of Wisconsin, County of Milwaukee  
Subscribed and sworn to before me on this 14th day of August 2015  
Notary Public Self



9. TYPE OF DEED OR INSTRUMENT (Check Only One Box):
- a.  Warranty Deed
  - b.  Special Warranty Deed
  - c.  Joint Tenancy Deed
  - d.  Contract or Agreement
  - e.  Quit Claim Deed
  - f.  Other:

10. SALE PRICE: \$ 22,144,000 00

11. DATE OF SALE (Numeric Digits): 08/15  
Month / Year

12. DOWN PAYMENT \$ 22,144,000 00

13. METHOD OF FINANCING:
- a.  Cash (100% of Sale Price)
  - b.  Barter or trade
  - c.  Assumption of existing loan(s)
  - d.  Seller Loan (Carryback)
  - e.  New loan(s) from financial institution:
    - (1)  Conventional
    - (2)  VA
    - (3)  FHA
  - f.  Other financing; Specify:

### 14. PERSONAL PROPERTY (see reverse side for definition):

- (a) Did the Sale Price in Item 10 include Personal Property that impacted the Sale Price by 5 percent or more? Yes  No
- (b) If Yes, provide the dollar amount of the Personal Property:

\$                      00 AND

briefly describe the Personal Property: \_\_\_\_\_

15. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: \_\_\_\_\_

### 16. SOLAR / ENERGY EFFICIENT COMPONENTS:

- (a) Did the Sale Price in Item 10 include solar energy devices, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes  No

If Yes, briefly describe the solar / energy efficient components: \_\_\_\_\_

### 17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):

Andrew D. Gleason, Esq.  
2 N. Central Ave., Suite 2200, Phoenix, AZ 85004  
(602) 364-7276

18. LEGAL DESCRIPTION (attach copy if necessary):  
See Exhibit A attached hereto.

Date: **August** \_\_, **2015**

Owner's Affidavit - continued

File No.: **NCS-734247-MKE**

**Exhibit "A "**

LOT 1, AVONDALE INTEGRATED MEDICAL SERVICES, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN BOOK 768 OF MAPS, PAGE(S) 38, OF THE PUBLIC RECORDS OF MARICOPA, COUNTY, ARIZONA.

Unofficial Document