

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)

Primary Parcel: 164-37-011A 9
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? 0

Please list the additional parcels below (attach list if necessary):

(1) _____ (3) _____
(2) _____ (4) _____

2. SELLER'S NAME AND ADDRESS:

Gelt Rose Holdings, LLC
5567 Reseda Boulevard, Suite 218
Tarzana, CA 91356

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

Shoup Rose, LLC
1113 5th Ave. S #308
Edmonds, WA 98020

(b) Are the Buyer and Seller related? Yes No

If Yes, state relationship:

4. ADDRESS OF PROPERTY:

6201 North 16th street
Phoenix, AZ 85016

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

Shoup Rose, LLC
1113 5th Ave. S #308
Edmonds, WA 98020

(b) Next tax payment due 10/2016

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. Agriculture
- 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: 9 2
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 15 day of December 20 1 5

Notary Public _____

Notary Expiration Date _____

15

DOR FORM 82162 (04/2014)

See attached

14

Ho:

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: \$ 7,850,000.00 00

11. DATE OF SALE (Numeric Digits): 1 2 / 1 5
Month/Year

12. DOWN PAYMENT \$ 3,300,000.00 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):

First American Title Insurance Company National Commercial Services

2425 E. Camelback Road, Suite 300
Phoenix, AZ 85016

Phone (602)567-8100

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

Signature of Buyer / Agent _____

State of Arizona, County of Maricopa

Subscribed and sworn to before me on this 18 day of December 20 1 5

Notary Public Sheila Hunter

Notary Expiration Date 9-9-2018

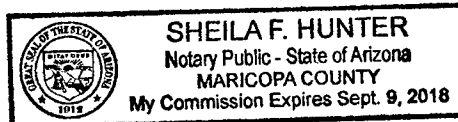


EXHIBIT "A"

THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 2 NORTH, RANGE 3 EAST OF THE GILA AND SALT RIVER BASE AND MERIDIAN, MARICOPA COUNTY, ARIZONA;

EXCEPTING THEREFROM THE EAST 870 FEET, THE NORTH 4 FEET AND THE WEST 40 FEET; AND ALSO

EXCEPTING THE SOUTH 30 FEET OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 2 NORTH, RANGE 3 EAST OF THE GILA SALT RIVER BASE AND MERIDIAN, MARICOPA COUNTY, ARIZONA, EXCEPTING FROM SAID SOUTH 30 FEET, THE WEST 33 FEET AND THE EAST 870 FEET THEREOF; AND ALSO

EXCEPTING THE FOLLOWING: THE PART OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 2 NORTH, RANGE 3 EAST OF THE GILA AND SALT RIVER BASE AND MERIDIAN, MARICOPA COUNTY, ARIZONA, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF THE SOUTH 30 FEET OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, WITH THE EAST LINE OF THE WEST 40 FEET THEREOF;

THENCE EASTERLY, ALONG THE NORTH LINE OF THE SOUTH 30 FEET OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, A DISTANCE OF 16 FEET;

THENCE NORTHWESTERLY TO THE INTERSECTION OF THE NORTH LINE OF THE SOUTH 46 FEET OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10 WITH THE EAST LINE OF THE WEST 40 FEET THEREOF;

THENCE TO THE POINT OF BEGINNING.

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF LOS ANGELES }

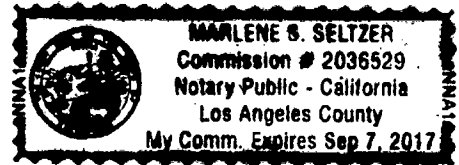
Subscribed and sworn to (or affirmed) before me on this 16TH day of DECEMBER, 2015
Date Month Year

by STEVE WASSERMAN

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: *Marlene S. Seltzer* Unofficial Document
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____