

## AFFIDAVIT OF PROPERTY VALUE

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

Primary Parcel: 504-40-004A  
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? 3

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

(1) 504-40-004B (3) 504-40-004D  
(2) 504-40-003B (4) \_\_\_\_\_

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

Buckeye Medical Land Company, LLC  
4041 E. Grove Cir.  
Mesa, AZ 85206

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

Lesco Enterprises, Inc., G.W. Eastman and Katie Eastman and Douglas Kremer and Lacey Kremer  
1010 Lane II  
Powell, WY 82435

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

If Yes, state relationship: \_\_\_\_\_

### 4. ADDRESS OF PROPERTY:

Approx. 230 acres  
Buckeye, AZ

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

Lesco Enterprises, Inc. and G.W. Eastman and Katie Eastman and Douglas Kremer and Lacey Kremer  
1010 Lane II  
Powell, WY 82435

(b) Next tax payment due \_\_\_\_\_

### 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 type="checkbox"/> Single Family Residence | g. <input checked="" type="checkbox"/> Agriculture   |
| c. <input type="checkbox"/> Condo or Townhouse      | h. <input type="checkbox"/> Mobile or manufactured Home<br><input type="checkbox"/> Affixed <input type="checkbox"/> Not Affixed |
| 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:

- 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 3 day of February 20 16  
Notary Public Cathy L. Criner  
Notary Expiration Date 9-22-19

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DOR FORM 82162 (04/2014)



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

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

10. SALE PRICE: \$8,050,000.00 00

11. DATE OF SALE (Numeric Digits): 0 2 / 1 6  
Month/Year

12. DOWN PAYMENT \$8,050,000.00 00

### 13. METHOD OF FINANCING:

- |  |  |
|--|--|
| a. <input checked="" type="checkbox"/> Cash (100% of Sale Price) | e. <input type="checkbox"/> New loan(s) from<br>Financial institution: |
| b. <input type="checkbox"/> Barter 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: _____            |

### 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:

\$ 0.00 00 AND

briefly describe the Personal Property: N/A

15. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: N/A

### 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:

N/A

### 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 3 day of February 20 16  
Notary Public Cathy L. Criner  
Notary Expiration Date 9-22-19



**EXHIBIT "A"**

THE NORTH HALF OF THE SECTION 29, TOWNSHIP 1 NORTH, RANGE 3 WEST OF THE GILA AND SALT RIVER  
BASE AND MERIDIAN, MARICOPA COUNTY, ARIZONA;

EXCEPT THE SOUTH HALF OF THE NORTHEAST QUARTER OF SAID SECTION 29; AND

EXCEPT THE NORTH 33 FEET THEREOF; AND

EXCEPT THE EAST 40 FEET THEREOF; AND

EXCEPT THE WEST 40 FEET THEREOF.