

This Document Was Prepared by:  
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P.O. Box 2802  
Rancho Cordova, CA 95741

After Recording Please Return to:  
John E. Schalinski  
4120 Lexington Plaza #11  
West Des Moines, Iowa 50266

This Space Reserved for Recording Purposes

BOOK 380 PAGE 008  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Mike Kincade*  
2004 APR 30 PM 3:08

EUREKA COUNTY, NEVADA  
M.H. RESALEATI, RECORDER  
FILE NO. FEES 14<sup>00</sup>

187036

**SPECIAL WARRANTY DEED**

THIS INDENTURE, made the 19th day of April 2004,  
between Mike Kincade of the County of Sacramento, State of California hereinafter called "Grantor," and  
John E. Schalinski whose address is 4120 Lexington Plaza #11 West Des Moines, Iowa 50266, of the County of  
Polk, State of Iowa hereinafter called "Grantee" (the terms "Grantor" and "Grantee" are used for the singular and  
plural, as the context demands).

WITNESSETH that: Grantor, for and in consideration of Ten Dollars (\$10.00) and other good and valuable  
considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has  
granted, bargained and sold and by these presents does grant, bargain and sell unto the said Grantee, and Grantee's  
heirs and assigns forever, land situate, lying and being in Eureka County, Nevada and more particularly described  
as follows:

Lot 4, Block O, Nevello Inc. Unit #2  
APN# 003-222-02

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, right of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the  
matters above set forth.

IN WITNESS WHEREOF, the Grantor has executed this Deed on the date set forth above.

*[Signature]*  
Grantor

*[Signature]*  
Witness

*[Signature]*  
Witness

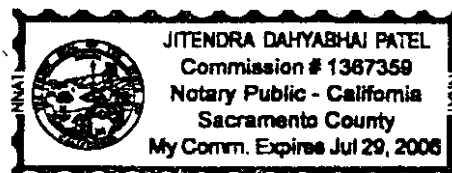
STATE OF CALIFORNIA  
:SS.  
COUNTY OF SACRAMENTO

The foregoing instrument was acknowledged before me, JITENDRA PATEL, a notary public in and for the state of CA  
by me on the 22nd day of APRIL, 2004

Witness my hand and official seal

*[Signature]*  
NOTARY PUBLIC

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**State of Nevada  
Declaration of Value**

1. Assessor Parcel Number(s)

- a) 003-222-02
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property:

- a)  Vacant Land
- b)  Single Fam. Res.
- c)  Condo/Twnhse
- d)  2-4 Plex
- e)  Apt. Bldg.
- f)  Comm'/Ind'l
- g)  Agricultural
- h)  Mobile Home
- i)  Other \_\_\_\_\_

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	<u>187036</u>
Book: <u>380</u>	Page: <u>8</u>
Date of Recording:	<u>4-30-04</u>
Notes:	_____

3. Total Value/Sales Price of Property:

\$ 900.00

Deed in Lieu of Foreclosure Only (value of property)

\$ \_\_\_\_\_

Transfer Tax Value:

\$ \_\_\_\_\_

Real Property Transfer Tax Due:

\$ 3.90

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_

b. Explain Reason for Exemption: \_\_\_\_\_  
\_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided therein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity GRANTOR (S)

Signature [Signature] Capacity GRANTEE (S)

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Print Name: Mike Kincaide  
Address: P.O. Box 2802  
City: Rancho Cordova  
State: CA Zip 95741

(REQUIRED)  
Print Name: John E. Schalinski  
Address: 4120 Lexington Plaza #11  
City: West Des Moines  
State: Iowa Zip 50266

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_