

DOC # 0224832

09/04/2013

03:42 PM

**Official Record**

Recording requested By  
MIKE KINCADE

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$13.65

Recorded By: FES

Book- 554 Page- 0357



ASSESSOR PARCEL NO. 003-181-01  
NOTE: Deed prepared by Grantor below.  
NAME: MIKE KINCADE  
ADDRESS: 4720 LOCH LOMOND DR.  
CITY/ST/ZIP: CARMICHAEL, CA 95628

WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: SCOTT & LAURA HENDERSON  
ADDRESS: P.O. BOX 6181  
CITY/ST/ZIP: ORANGE, CA 92663

## SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are.

MIKE KINCADE

Does convey and specially warrants to:

SCOTT R. HENDERSON AND LAURA A. HENDERSON

Grantee, the following described real property free of encumbrances created by the Grantor, situated in:

EUREKA COUNTY, NEVADA

NEVELCO INC #1, T29N R48E SEC. 15 LOTS 7 & 8

Witness Whereof, my hand has been set on

AUG 21, 2013

Signature in line above

MIKE KINCADE

Print on line above

Signature on line above

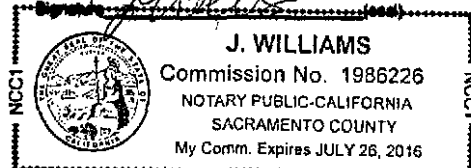
Print on line above

On \_\_\_\_\_, 20\_\_\_\_ By  
Witness my hand and official seal

Notary Public in and for said County and State

My commission expires on: \_\_\_\_\_

State of California, County of Sacramento  
Subscribed and sworn to (or affirmed) before me on this  
21 day of AUG 2013 by  
Michael D Kincaid  
proved to me on the basis of satisfactory evidence to be  
the person(s) who appeared before me.  
Signature \_\_\_\_\_ (seal)



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-224832

09/04/2013

03:42 PM

Official Record

1. Assessor Parcel Number (s)

- a) 005-121-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECOR

Document/Id

Book: \_\_\_\_\_

Date of Rec: \_\_\_\_\_

Notes: \_\_\_\_\_

Recording requested By  
MIKE KINGADE

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00

Recorded By: FES RPTT: \$13.65

Book- 554 Page- 0357

2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

3. Total Value/Sales Price of Property:

\$ 3100 -

Real Property Transfer Tax Due:

(Tax is computed at \$1.95 per \$500 value)

\$ 13.65

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 herein. 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 MIKE KINGADE Capacity GRANTOR  
Signature SCOTT & LAURA HENDERSON Capacity GRANTEES

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MIKE KINGADE  
Address: 4720 LOCH LOMOND DR  
City: CARMICHAEL  
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: SCOTT & LAURA HENDERSON  
Address: P.O. Box 6181  
City: ORANGE  
State: CA Zip: 92863

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)