

DOC # 0224832

09/04/2013 03:42 PM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV
Mike Rebaletti - 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

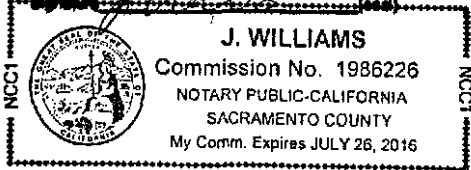
Print on line above

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
I certify that the foregoing is a true and correct copy of the original as presented to 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) 009-121-01
- b) _____
- c) _____
- d) _____

FOR RECOR

Document/lt
Book: _____
Date of Rec
Notes: _____

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Page 1 of 1 Fee: \$14.00
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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)

\$ 12.65

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: MIKE KINGADE
 Address: 4720 LOCH LEMOND DR
 City: CARMICHAEL
 State: CA Zip: 95608

(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: _____