

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV
Mike Rebaletti - Recorder

Fee: \$39.00 Page 1 of 1
RPTT: \$9.75 Recorded By: FES
Book- 555 Page- 0098



ASSESSOR PARCEL NO. 005-230-28
NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE
ADDRESS: 4720 LOCH LOMOND DR
CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: JOAQUIN + GUADALUPE PORTUGAL
ADDRESS: 75 LA PAZ
CITY/ST/ZIP: CAMPBELL, CA 95008

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:

JOAQUIN F. PORTUGAL AND DR GUADALUPE PORTUGAL

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

EUREKA COUNTY, NEVADA

T30N R48E SEC. 27 SE4SE4NW4., ID.00AC

Witness Whereof, my hand has been set on

SEPT 6, 2013

[Signature of Mike Kincaid]

Signature in line above

MIKE KINCAID

Print on line above

[Signature of Guadalupe Portugal]

Signature on line above

JOAQUIN F PORTUGAL

Print on line above

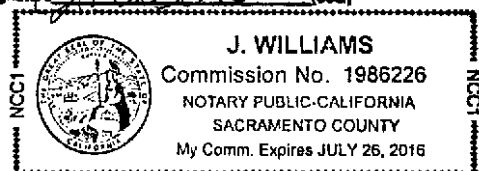
GUADALUPE PORTUGAL

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
6 day of Sept 2013 by
Michael Kincaid
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.
Signature *[Signature]* (see)



**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-224891
09/23/2013 01:09 PM
Official Record

1. Assessor Parcel Number (s)

- a) 005230-28
- b) _____
- c) _____
- d) _____

FOR RECOR
Document/Tr
Book: _____
Date of Recd: _____
Notes: _____

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Page 1 of 1 Fee: \$39.00
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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'/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:

\$ 2025 -

Real Property Transfer Tax Due:
(Tax is computed at \$1.95 per \$500 value)

\$ 9.75

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 KINCADE Capacity (GRANTOR(S))
Signature JOAQUIN + GUADALUPE PORTUGAL Capacity (GRANTEES)

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

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

(REQUIRED)
Print Name: JOAQUIN + GUADALUPE PORTUGAL
Address: 75 LA PAZ
City: CAMPBELL
State: CA Zip: 95008

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: J Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____