

DOC # 0224891

09/23/2013

01:09 PM

**Official Record**

Recording requested By  
MIKE KINCADE

Eureka County - NV  
Mike Rebaleati - 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 LACH 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

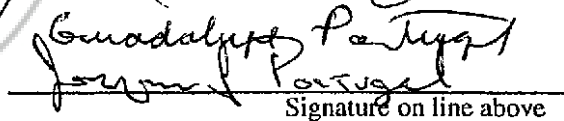
SEPT 6, 2013



Signature in line above

MIKE KINCADE

Print on line above



Signature on line above

JOAQUIN F PORTUGAL

Print on line above

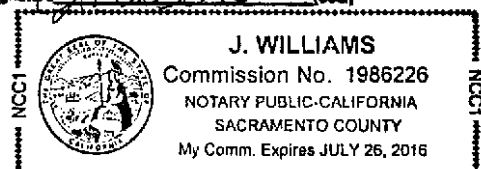
GUADALUPE PORTUGAL

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  
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 Michael Kincaid (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 Rec: \_\_\_\_\_

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'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:

\$ 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: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)