



ASSESSOR PARCEL NO. 005-420-02
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: FERRAS BALLAN + DANIEL BALLAN
ADDRESS: 8 SCOTSBURN AVE, SOUTH DAKLEIGH
CITY/ST/ZIP: VICTORIA, AUSTRALIA
3/167

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:

MR. FERRAS BALLAN AND DANIEL BALLAN

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

EUREKA COUNTY, NEVADA

T29N R48E, SEC. 1 SE4SW4NE4

Witness Whereof, my hand has been set on

OCTOBER 14, 2003

Signature in line above

[Handwritten Signature]

Signature on line above

Print on line above

MIKE KINCADE

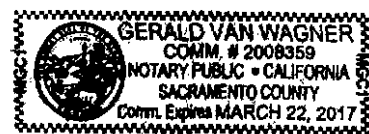
Print on line above

On 14 OCT, 2003 By MIKE KINCADE

Witness my hand and official seal

Gerald Van Wagner, SACRAMENTO CALIFORNIA

Notary Public in and for said County and State



My commission expires on: 20 MARCH 2017

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-225012
10/18/2013 01:33 PM
Official Record

1. Assessor Parcel Number (s)
a) 005-420-02
b) _____
c) _____
d) _____

FOR RECOR		Recording requested By FERRAS BALLAN	
Document/Tr	Book: -	Eureka County - NV	
Date of Rec	Date of Rec	Mike Rebaleati - Recorder	
Notes: -	Page 1 of 1	Fee: \$14.00	
	Recorded By: FES	RPTT: \$7.80	
	Book- 556	Page- 0087	

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

3. Total Value/Sales Price of Property: \$ 1975 -

Real Property Transfer Tax Due: \$ 7.80
(Tax is computed at \$1.95 per \$500 value)

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
Signature FERRAS BALLAN Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: MIKE KINCADE
Address: 4720 LOCH LOMOND DR
City: CARMICHAEL
State: CA Zip: 91608

(REQUIRED)
Print Name: FERRAS BALLAN
Address: 8 SCOTSPURBURN AVE SOUTH OAKLEIGH
City: VICTORIA, AUSTRALIA
State: _____ Zip: 3167

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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