

DOC # 0225012

10/18/2013

01:33 PM

Official Record

Recording requested By  
FERRAS BALLAN

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$7.80

Recorded By: FES

Book- 556 Page- 0087



0225012

ASSESSOR PARCEL NO. 005-420-02

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LEXA LOMAND 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 OAKLEIGH

CITY/ST/ZIP: VICTORIA, AUSTRALIA

3/67

## 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

Print on line above

Signature on line above

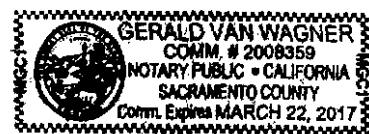
Print on line above

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

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1. Assessor Parcel Number (s)

a) 005-420-02  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECOR

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Date of Rec

Notes: -

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Page 1 of 1 Fee: \$14.00  
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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:

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

\$ 7.80

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

(REQUIRED)

Print Name: MIKE KINCADE  
Address: 4720 LOCH LOMONDO DR  
City: CARMICHAEL  
State: CA Zip: 91608

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: FERRAS BALLAN  
Address: 8 SCOTSBURN AVE SOUTH CARLEIGH  
City: VICTORIA, AUSTRALIA  
State: \_\_\_\_\_ Zip: 3167

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)