



ASSESSOR PARCEL NO. 005-470-20
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
ADDRESS: 8 SCOTSBURN AVE, SOUTH OAKLEIGH
CITY/ST/ZIP: VICTORIA, AUSTRALIA 3167

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

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

EUREKA COUNTY, NEVADA

T29N R48E, SEC. 33 SW4SE4SW4

Witness Whereof, my hand has been set on

OCTOBER 14, 2013

Signature in line above

MIKE KINCAID

Print on line above

Signature on line above

Print on line above

On 14 OCT, 2013 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: 22 MARCH 2017

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-225013

10/18/2013 01:35 PM

Official Record

Recording requested By
FERRAS BALLAN

FOR RECOR

Document/In

Book: _____

Date of Recr: _____

Notes: _____

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: FES RPTT: \$7.80

Book- 556 Page- 0088

1. Assessor Parcel Number (s)

- a) 025-470-20
- b) _____
- c) _____
- d) _____

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/Wind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| l) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

\$ 1725 _____

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 WINCADE Capacity GRANTOR
Signature FERRAS BALLAN Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: MIKE WINCADE
Address: 4720 LOCUST WOOD DR
City: CAD. MICHAEL
State: CA Zip: 95608

(REQUIRED)
Print Name: MR. FERRAS BALLAN
Address: 8 SCOTEBURN AVE SOUTH OAKLEIGH
City: VICTORIA, AUSTRALIA 3147
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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