



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]

Signature in line above

MIKE KINCADE

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

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**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 SCOTELBURN 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: \_\_\_\_\_