

DOC # 0225092

10/28/2013

09:20 AM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$9.75

Recorded By: FES

Book- 556 Page- 0320



0225092

ASSESSOR PARCEL NO. 005-01009
NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE
ADDRESS: 4720 LOCK LOMOND DR.
CITY/ST/ZIP: CARMICHAEL, CA 95628

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: CHARLES T. NORRIS
ADDRESS: 929 LIDFORD AVE
CITY/ST/ZIP: LA PUENTE, CA 91744

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:

CHARLES TOXIE NORRIS

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

EUREKA COUNTY, NEVADA

T31N R48E, SEC. 5 E2 LOT 1

Witness Whereof, my hand has been set on

OCT 14

, 2013

Signature in line above

MIKE KINCADE

Print on line above

Signature on line above

Print on line above

On 16 OCT, 2013 By MICHAEL KINCADE

Witness my hand and official seal

Notary Public in and for said County and State
SACRAMENTO CALIFORNIA

My commission expires on: MARCH 22, 2017



STATE OF NEVADA
DECLARATION OF VALUE

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1. Assessor Parcel Number (s)

- a) 005-D10-09
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'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
Signature CHARLES T. NORRIS Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MIKE KINCADE
Address: 4720 LEXINGTON DR
City: CARMICHEL
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: CHARLES T. NORRIS
Address: 929 LINDFORD AVE
City: LA PUENTE
State: CA Zip: 91744

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)