

DOC # 0225138

11/04/2013

03:02 PM

**Official Record**

Recording requested By  
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$15.60

Recorded By: LLH

Book- 557 Page- 0178

ASSESSOR PARCEL NO. 005-410-02

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LOCH LAMOND DR.

CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: JOHN E. WEST

ADDRESS: 6866 MELVIN NEWTON BLVD

CITY/ST/ZIP: MAYS LANDING, NJ 08330



0225138

**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:

JOHN EDWARD WEST

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

EUREKA COUNTY, NEVADA

T29N R48E, SEC. 21 NW4NW4

Witness Whereof, my hand has been set on

OCT 21

2013

Signature in line above

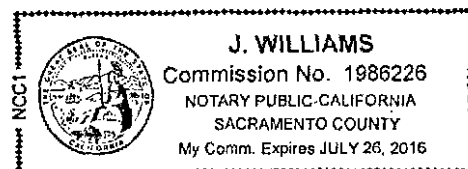
MIKE KINCADE

Print on line above

Signature on line above

Print on line above

State of California, County of Sacramento  
Subscribed and sworn to (or affirmed) before me on this  
21 day of OCT, 2013, by  
Michael Kincaide  
proved to me on the basis of satisfactory evidence to be  
the person(s) who executed before me.  
Signature [Signature] (seal)



STATE OF NEVADA  
DECLARATION OF VALUE

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1. Assessor Parcel Number (s)

a) 005-410-02  
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:

\$ 3978-

Real Property Transfer Tax Due:

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

\$ 15.60

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 JOHN WEST Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MIKE KINCADE  
Address: 4720 LOCH LOMOND DR  
City: CARMICHAEL  
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: JOHN E. WEST  
Address: 6816 MELVIN NEWTON BLVD  
City: MAYS LANDING  
State: NJ Zip: 08330

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)