

DOC # 0225164

11/18/2013 03:08 PM

Official Record

Recording requested By  
MIKE KINGADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$9.75 Recorded By: LLH  
Book- 557 Page- 0258



ASSESSOR PARCEL NO. 005-230-14  
NOTE: Deed prepared by Grantor below.  
NAME: MIKE KINGADE  
ADDRESS: 4720 Loch Lomond Dr.  
CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: JOHNNY LEON REIN  
ADDRESS: 2820 GULF RD  
CITY/ST/ZIP: ABILENE, KS 67410

SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are.

MIKE KINGADE

Does convey and specially warrants to:

JOHNNY LEON REIN

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

EUREKA COUNTY, NEVADA

T30N R48E, SEC. 27 N4W4NW4 SW4

Witness Whereof, my hand has been set on

NOV 14, 2013

Signature in line above

\_\_\_\_\_  
Signature on line above

MIKE KINGADE

Print on line above

\_\_\_\_\_  
Print on line above

State of California, County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this

14 day of NOV, 2013 by

MIKE KINGADE

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (seal)



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-225164**

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MIKE KINCADE

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**1. Assessor Parcel Number (s)**

- a) 005-230-16
- 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:**

\$ 2275 -

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 JOHNNY LEON REIN Capacity GRANTEE

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Name: MIKE KINCADE  
Address: 4720 LOCH LOMOND DR  
City: CARMICHAEL  
State: CA Zip: 95608

(REQUIRED)  
Name: JOHNNY LEON REIN  
Address: 2820 KOLLF RD  
City: ABILENE  
State: KS Zip: 67410

**OPTIONAL: WITNESS DOCUMENTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_