

DOC # 0225165

11/18/2013

03:10 PM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

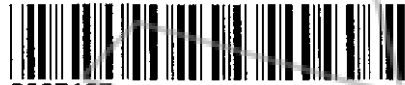
Fee: \$14.00

Page 1 of 1

RPTT: \$17.55

Recorded By: LLH

Book- 557 Page- 0259



0225165

ASSESSOR PARCEL NO. 005-410-07

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LECH LOMEND 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 KINCADE

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

T29N R48E, SEC. 21 NW4SE4

Witness Whereof, my hand has been set on

NOV 14

, 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

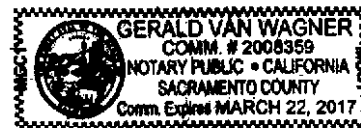
Subscribed and sworn to (or affirmed) before me on this

14 day of NOV, 2013 by

MIKE KINCADE

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

Signature Gerald Van Wagner (seal)



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-225165

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Page 1 of 1 Fee: \$14.00
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1. Assessor Parcel Number (s)

a) 005-410-07
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'/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:

\$ 4500 -

Real Property Transfer Tax Due:

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

\$ 17.55

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 REIN Capacity CORANTEE

GRANTOR INFORMATION

BUYER (GRANTEE) INFORMATION

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

(REQUIRED)
Name: JOHNNY LEON REIN
Address: 2820 GULF RD
ABILENE, TX
State: _____ Zip: 79410

(REQUIRED IF NOT THE SELLER OR BUYER)

Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)