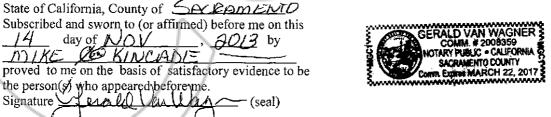
DOC # 0225166 ASSESSOR PARCEL NO. 005-200-04 Official Record NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE Recording requested By MIKE KINCADE Eureka County - NV ADDRESS: 4720 LOCH LOMOND DR Mike Rebaleati - Recorder CITY/ST/ZIP: CARMICHAEL, CA 95608 Fee: \$14.00 Page 1 of 1 Recorded By: LLH RPTT \$5.85 0260 Book- 557 Page-WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE): NAME: JOHNNY LEON REIN ADDRESS: 2820 GALFRO 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. Does conveys and specially warrants to: JOHNN Grantee, the following described real property free of encumberances created by the Grantor, situated in: Witness Whereof, my hand has been set on . Signature in line above Signature on line above Print on line above Print on line above



STATE OF NEVADA DECLARATION OF VALUE

	DOC # DV-225166
1. Assessor Parcel Number (s) a) 005-200-0 + Bo b) Da c) No	11/18/2013 03:12 PM Official Record Recording requested By MIKE KINCADE Eureka County - NV
2. Type of Property: as Vacant Land b) Single Fam Res. c) Condo Twnhse d) 2-4 Plex e) Apt. Bldg. f) Comm'l/Ind'l g) Agricultural h) Mobile Home l) Other 3. Total Value/Sales Price of Property:	Mike Rebaleati - Recorder Page 1 of 1 Fee: \$14.00 Recorded By: LLH RPTT: \$5.85 Book-557 Page-0260
Real Property Transfer Tax Due: (Tax is computed at\$1.95 per \$500 value) 4. If Exemption Claimed: a. Transfer Tax Exemption, per NRS 375.090, Section: b. Explain Reason for Exemption:	5).85
5. Partial Interest: Percentage being transferred:	
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature MINE FINE Capacity CPANTEL Signature TOHNY REN Capacity (1994)	
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: MILLE MARKE Print Name Address: 4720 LOCH LOMOND DO Address: City: CARMICHAEL City: State: CA Zip: 9565 State:	
COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER) Print Name: Escrow #	
Address: City: State:	Zip: