DOC # 0225276

ASSESSOR PARCEL NO. 003-04Z-02 NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE ADDRESS: 4720 LOCH LOMEND DR CITYISTIZIP: LARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

NAME: JOHN L. REIN ADDRESS: 2820 GULF PD CITY/ST/ZIP: ABILENE, KS 67410

Official Record Recording requested By KINCADE, MIKE

Eureka County - NV Mike Rebaleati - Recorder

Fee: **\$14.00** RPTT: **\$**5.85

Page 1 of 1 Recorded By: LLH

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SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is ack	knowledged, the Grantor (Seller) whose
name(s) is/are. MILE KINCAL	Æ
Does conveys and specially warrants to:	
Does conveys and specially warrants to:	KEIN
Grantee, the following described real property free of encumberan	ces created by the Grantor, situated in:
CVRSF UNIT3, WT3, BLO	CK9
CNRSF UNIT3, LOT3, BLO BLOT PEBBLE LAN	学 \
Witness Whereof, my hand has been set on	25 ,2013
Signature in line above WHE MASTE	Signature on line above
Print on line above	Print on line above
State of California, County of Sacramente	
Subscribed and sworn to (or affirmed) before me on this day of by proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	J. WILLIAMS Commission No. 1986226 NOTARY PUBLIC-CALIFORNIA SACRAMENTO COUNTY
Signature (1) (4) (1) (seal)	My Comm. Expires JULY 26, 2016

STATE OF NEVADA DECLARATION OF VALUE

DECLARATION OF	-	DOC # DV-225276
1. Assessor Parcel Number (s) a) 003-042-02 b) c) d)	F(D B D N	Recording requested By KINCADE, MIKE Eureka County - NV Mike Rebaleati - Recorder
2. Type of Property: a) Vacant Land Condo/Twnhse e) Apt. Bldg. g) Agricultural Other	b) Single Fam Res. d) 2-4 Plex f) Comm'l/Ind'l h) Mobile Home	Page 1 of 1 Fee: \$14.00 Recorded By: LLH RPIT: \$5.85 Book-558 Page-0040
3. Total Value/Sales Price o	r Property:	7030
Real Property Transfer Tax D (Tax is computed at\$1.9 4. If Exemption Claimed: a. Transfer Tax Exemption, p b. Explain Reason for Exemption	5 per \$500 value) er NRS 375.090, Section:	5,85
5. Partial interest: Percentag	e being transferred:	00 %
and NRS 375.110, that the infon belief, and can be supported by provided herein. Furthermore, the	mation provided is correct to t documentation if called upon ne disallowance of any claime	
Pursuant to NRS 375.030, the	Buyer and Seller shall be jo	intly and severally liable for any
additional amount owed.		/
	FINCADE	Capacity CPANTOR
Signature Joth	REIN	Capacity COMNIE
SELLER (GRANTOR) INFO	ORMATION BUYE	R (GRANTEE) INFORMATION
(REQUIRED)	Λ.	(REQUIRED)
Print Name: MIKE K		
Address: 4720 LOCHA City: CAPMICHA	City:	2820 GULF RD ABILENE
State: CA Zip:	2528 State:	PS Zip: 67410
	/ "	
COMPANY/PERSON REQUESTING RECORDING		
(REQUIRED IF NOT THE SELLER OR BU Print Name:	YER)	Escrow#
Address:		Cacion #
City:	State:	Zip:
J.		