

DOC # 0225277

11/27/2013 01:13 PM

Official Record

Recording requested By  
KINCADE, MIKE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$9.75 Recorded By: LLH  
Book- 558 Page- 0041

ASSESSOR PARCEL NO. 003-141-25  
NOTE: Deed prepared by Grantor below.  
NAME: MIKE KINCADE  
ADDRESS: 4720 LOCH LEMOND RD  
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

CVR+F UNITS, T29N R48E, SEC. 29 N2SE4SW4

Witness Whereof, my hand has been set on

Nov 25, 2013

Signature in line above

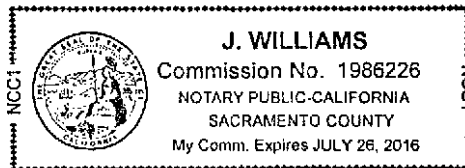
MIKE KINCADE

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  
25 day of NOV, 2013 by  
Michael Kincaide  
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-225277**

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

a) 003-14-25  
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:**

\$ 2500 -

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 JOHN REIN Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

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

(REQUIRED)  
Print Name: JOHN L. REIN  
Address: 2920 GOLF RD  
City: ABILENE  
State: TX Zip: 67410

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_