

DOC # 0225351

12/02/2013

01:59 PM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$11.70

Recorded By: LLH

Book- 558 Page- 0114



0225351

ASSESSOR PARCEL NO. 003-042-01
NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE
ADDRESS: 4720 LOCH LOMOND DR.
CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: DANE W. JOHNSON
ADDRESS: P.O. Box 5820
CITY/ST/ZIP: SACRAMENTO, CA 95817

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:

DANE W. JOHNSON

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

EUREKA COUNTY, NEVADA

CVRTF UNIT 3, LOT 4, BLOCK 9
361 PEBBLE LANE

Witness Whereof, my hand has been set on Nov 18, 2013

Signature in line above

Print on line above

Signature on line above

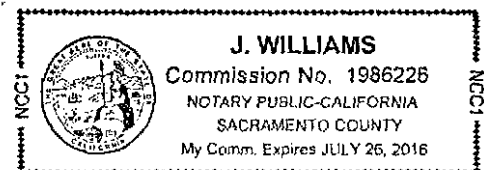
Print on line above

State of California, County of Sacramento

Subscribed and sworn to (or affirmed) before me on this
18 day of Nov, 2013 by

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

Signature [Signature] (seal)



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-225351

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Nol

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1. Assessor Parcel Number (s)

a) 003-042-01
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:

\$ 645-

Real Property Transfer Tax Due:

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

\$ 3.90

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 DANE JOHNSON Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MIKE KINCADE
Address: 4720 LOCH LOMONDR
City: CARNICHAEL
State: CA Zip: 95708

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: DANE JOHNSON
Address: P.O. BOX 5820
City: SACRAMENTO
State: CA Zip: 95812

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)