

DOC # 0226574

01/13/2014 03:17 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- 561 Page- 0233



0226574

ASSESSOR PARCEL NO. 003-034-02

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: AKMAURI + BRIGGETTE GLYMPH

ADDRESS: 3205 CURRIE ST # 1016

CITY/ST/ZIP: FORT WORTH, TX 76133

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:

AKMAURI AND BRIGGETTE GLYMPH

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

EUREKA COUNTY, NEVADA

CVR + F UNIT 3, LOT 3, BLOCK 14
427 ROCKY LANE

Witness Whereof, my hand has been set on

DEC 24, 2013

Signature in line above

MIKE KINCADE

Print on line above

Signature on line above

Print on line above

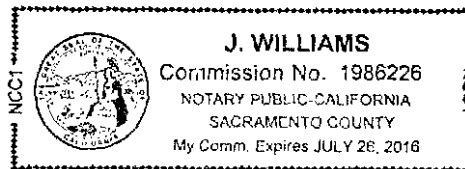
State of California, County of Sacramento

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

24 day of DEC 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**

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FC
D
B
D
N

1. Assessor Parcel Number (s)

- a) 003-03402
- 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' Wind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other | |

3. Total Value/Sales Price of Property:

\$ 610 -

Real Property Transfer Tax Due:

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

\$ 390 11.70

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 KINGADE Capacity GRANTOR
Signature AKMAURIGLYMPTH Capacity COPARTNER

SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION

(REQUIRED)	(REQUIRED)
Print Name: <u>MIKE KINGADE</u>	Print Name: <u>AKMAURIGLYMPTH & BRIGGETTE GLYMPTH</u>
Address: <u>4720 LEECH LANE DR</u>	Address: <u>3205 CURRIE ST. # 1016</u>
City: <u>CARMICHAEL</u>	City: <u>FORT WORTH</u>
State: <u>CA</u> Zip: <u>95608</u>	State: <u>TX</u> Zip: <u>76133</u>

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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