

DOC # 0227124

04/11/2014 01:01 PM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$1.95 Recorded By LLH
Book- 564 Page- 0206



0227124

ASSESSOR PARCEL NO. 003-282-12
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: JANA + KARL SENNERT
ADDRESS: P.O. Box 2585
CITY/ST/ZIP: ARNOLD, CA 95223

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:

JANA AND KARL SENNERT

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

EUREKA COUNTY, NEVADA

NEVELCO INC. UNIT 2
T29N R48E, SEC. 15 LOT 2, BLOCK E

Witness Whereof, my hand has been set on

MARCH 3, 2014

[Signature]

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 3 day of March, 2014 by

Michael Kincaide

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature Cassie Marks (seal)



**STATE OF NEVADA
DECLARATION OF VALUE**

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1. Assessor Parcel Number (s)

- a) 003-202-12
- 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:

\$ 20750

Real Property Transfer Tax Due:
(Tax is computed at \$1.95 per \$500 value)

\$ 1.95

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 SENNERT Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

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

(REQUIRED)
Print Name: JANA + KARL SENNERT
Address: P.O. BOX 2585
City: ARNOLD
State: CA Zip: 95223

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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