

DOC # 0227557

06/25/2014

01:00 PM

Official Record

Recording requested By  
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$3.90

Recorded By: LH

Book- 567 Page- 0125

ASSESSOR PARCEL NO. 003-234-02  
NOTE: Deed prepared by Grantor below.  
NAME: MIKE KINCADE  
ADDRESS: 4720 LEXINGTON DR  
CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: KATRINA O. NEILL  
ADDRESS: 945 TARAVAL ST #419  
CITY/ST/ZIP: SAN FRANCISCO, CA 94116



0227557

## 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:

KATRINA O. NEILL

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 6, BLOCK T

Witness Whereof, my hand has been set on

MAY 27, 2014

Signature in line above

MIKE KINCADE

Print on line above

Signature on line above

KATRINA O. NEILL

Print on line above

State of California, County of SACRAMENTO

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

27 day of MAY, 2014 by

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

Signature Gerald Van Wagner (seal)



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-227557

06/25/2014

01:00 PM

Official Record

Recording requested By  
MIKE KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00  
Recorded By: LH RPTT: \$3.90  
Book- 567 Page- 0125

1. Assessor Parcel Number (s)

a) 008-234-02  
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/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:

\$ 621 -

Real Property Transfer Tax Due:

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

\$ 1.30

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 KATRINA O NEIL Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MIKE KINCADE  
Address: 4710 LOCH WIND DR  
City: CARMICHAEL  
State: CA Zip: 95602

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: KATRINA O NEIL  
Address: 945 TARAVAL ST #419  
City: SAN FRANCISCO  
State: CA Zip: 94116

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)