

DOC # 0229078

01/30/2015 01:57 PM

Official Record

Recording requested by MICHAEL KINGADE

Eureka County - NV Sara Simmons - Recorder

Fee: \$14.00 Page 1 of 1 RPTT: \$5.85 Recorded By: LH Book- 576 Page- 0431

ASSESSOR PARCEL NO. 003-251-07

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINGADE

ADDRESS: 4720 LOCH LOMOND DR

CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: STEVE + RENE BAZZAR

ADDRESS: 1720 N CHERRY

CITY/ST/ZIP: MESA, AZ 85201



0229078

SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are.

MIKE KINGADE

Does convey and specially warrants to:

STEVE AND RENE BAZZAR

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

EUREKA COUNTY, NEVADA

NEVELCO INC. UNIT Z

T29N R48E, SEC 15 LOT 8, BLOCK Z

Witness Whereof, my hand has been set on

JANUARY 20, 2015

Signature in line above

Signature on line above

MIKE KINGADE

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

20 day of JAN, 2015 by

MIKE KINGADE

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

Signature (seal)

Gerald Van Wagner

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-229078**

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**Official Record**

FOF  
Doc  
Box  
Dist  
No

Recording requested By  
MICHAEL KINCADE

Eureka County - NV  
Sara Simmons - Recorder

Page 1 of 1 Fee: \$14.00  
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**1. Assessor Parcel Number (s)**

a) 003-251-07  
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:**

\$ 1009 -

Real Property Transfer Tax Due:

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

\$ 5.85

**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 STEVE BAZZAR Capacity GRANTEES

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
Print Name: MIKE KINCADE  
Address: 4720 LOCH LOMOND DR  
City: CARMICHAEL  
State: CA Zip: 95008

(REQUIRED)  
Print Name: STEVE / RENE BAZZAR  
Address: 1720 N. CHERRY  
City: MESA  
State: AZ Zip: 85201

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

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