RPT	:_4,30
APN	005-430-08

## **181435** QUIT CLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S	) <u>EUREKA COUNTY TREASURER, TRUSTEE</u>
(Kenneth C Case)	for and in consideration of
Nine hundred and 00/100 Dollars	(\$ 900 00 ) do hereby QUIT CLAIM the right, title
and interest, if any, which GRANTOR may have in all that real	property, the receipt of which is hereby acknowledged,
to the GRANTEE(S)	
Michael N. Kincade	
(if applicable) P O Box 2802	, situate in the City
of Rancho Cordova, County of	, State of <u>California</u> .
All that certain property in the County of Eureka, State of Neva	da bounded and described as follows
(Set forth legal description)	< 1 1
TOWNSHIP 29 NORTH, RANGE 48 CAST, M	IDB&M
SECTION 11 SE4SW4SW4	
Together with all and singular hereditament and appeurtenances	s thereunto belonging or in any way appertaining to.
In Witness Whereof, I/We have hereunto set my hand/our hands  Signature of Grantor Frances E. Gale, Eureka County Treasurer  STATE OF NEVADA  COUNTY OF EUREKA  This instrument was acknowledged before me on (date)  By (person(s) appearing before fotary public)  Notary Public  My Commission expires 7-10-206	May 8 10 1402
Name Michael N. Kincade  Address P.O. Box 2802  City/State/Zip Rancho Cordova, CA 95741-2802  BUUK 3 5 9 PAGE 3 2 6	SOOK 359 SOOK 359 SOOK 359 SOOK 359 SOOK 359 SOOK 326 SOOK 359 SOOK 326 SOOK 359 SOOK 326 SOOK 359 SOOK 326 SOO
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## STATE OF NEVADA DECLARATION OF VALUE

T BERRESOT MARKE MURITARIES	Document/Instruments 18/4/35
1. Assessor Parcel Number (s) •) 05-430-08	Book 359 Page 326
b)	Date of Recording 3-20-03
c)	Notes
d)	
· <del>·····</del>	
2. Type of Property:	
a) 💢 Vacant Land b) 👝 Singi	e Fam Res.
c) Condo/Twnhse d) 2-4 P	riex mViodi
g) Agricultural h) Mobil	le Home
i) Other	
A T-1.141-1	10 000 00 V
3. Total Value/Sales Price of Property:	s 900
Deed in Lieu of Foreclosure Only (value of prog	
Transfer Tax Value:	S / Zar
Real Property Transfer Tax Due.	2 1050 .
4 If Exemption Claimed	
a Transfer Tax Exemption, per NRS 375 090, S	ection
b. Explain Reason for Exemption	
5 Partial Interest. Percentage being transfern	ed. %
2 2 Glad wholest a croomage point haustell	
and NRS 375 110, that the information provided is belief, and can be supported by documentation if c provided herein. Furthermore, the disallowance of of additional tax due, may result in a penalty of 10%	alled upon to substantiate the information any claimed exemption, or other determination of the tax due plus interest at 1% per month.
Pursuant to NRS 375.030, the Buyer and Seller	snan be jointly and severally hable for any
additional amount owed.	\_ \ .
Signature trouces Lale	1.0 1 - 14
	Capacity Treasurer
Signature	Capacity Treasurer  Capacity
Signature	
SELLER (GRANTOR) INFORMATION	
SELLER (GRANTOR) INFORMATION (REQUIRED)	Capacity
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Frances Gale	Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name:
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Frances Gale Address: P 0 Box 667	Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name: Address
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Frances Gale	Capacity  BUYER (GRANTEE) INFORMATION  (REQUIRED)  Print Name:
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SELLER (GRANTOR) INFORMATION  (REQUIRED)  Print Name: Frances Gale  Address: P 0 Box 667  City: Eureka, NV 89316  State: Zip:	Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: Address: City State: Zip:
SELLER (GRANTOR) INFORMATION  (REQUIRED)  Print Name: Frances Cale  Address: P O Box 667  City: Eureka, NV 89316  State: Zrp:  COMPANY/PERSON REQUESTING RECO	Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: Address: City State: Zip:
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SELLER (GRANTOR) INFORMATION  (REQUIRED)  Print Name: Frances Gale  Address: P O Box 667  City: Eureka, NV 89316  State: Zip:  COMPANY/PERSON REQUESTING RECO  (REQUIRED IF NOT THE SELLER OR BUYER)  Print Name:	Capacity  BUYER (GRANTEE) INFORMATION (REQUIRED)  Print Name: Address: City State: Zip:
SELLER (GRANTOR) INFORMATION  (REQUIRED)  Print Name: Frances Gale  Address: P O Box 667  City: Eureka, NV 89316  State: Zip:  COMPANY/PERSON REQUESTING RECO	Capacity  BUYER (GRANTEE) INFORMATION  (REQUIREO)  Print Name: Address: City State:  DRDING  Escrow#

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)