

# QUIT CLAIM DEED

APN: 003-251-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Michael N. Kincade  
Address: P.O. Box 2802  
City/State/Zip: Rancho Cordova, CA 95741

BOOK 377 PAGE 69  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Michael Kincade  
2004 MAR 29 PM 3:23

EUREKA COUNTY, NEVADA  
M.N. REDEALTY RECORDER  
FILE NO. 186111 FEES 14.00

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Carl H. Hartman) for and in consideration of  
Three Hundred Fourty-nine and 43/100 Dollars (\$ 349.43 ) do hereby QUIT CLAIM the right,  
title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which  
is hereby acknowledged, to the GRANTEE(S): Michael Nicholas Kincade whose address is (if  
applicable): P.O. Box 2802 or 3135 Cowan Circle, situate in the City of Rancho Cordova or  
Sacramento, State of California.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:  
(Set forth legal description)

**LOT 2, BLOCK Z, NEVELCO INC. UNIT #2**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on March 29, 2004.

Frances E. Gale  
Signature of Grantor  
Frances E. Gale, Eureka County Treasurer

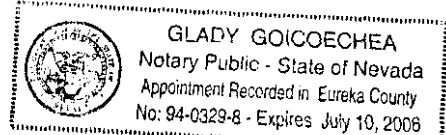
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on March 29, 2004  
By person(s) appearing before notary public Frances E. Gale

Glady Goicoechea  
Notary Public

My Commission expires: July 10, 2006 (Notary Stamp)



186111

BOOK 377 PAGE 69

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 003-251-03  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 186111  
Book: 377 Page: 169  
Date of Recording: 3-29-04  
Notes: \_\_\_\_\_

## 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:

Deed in Lieu of Foreclosure Only (value of property) \$ 349,43  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 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: \_\_\_\_\_ %

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 Frances LaLe Capacity \_\_\_\_\_  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka County  
Address: P.O. Box 677  
City: Eureka  
State: NV Zip: 89316

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

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

### 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)