

# QUIT CLAIM DEED

APN: 003-022-06

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Michael Kincade  
2004 MAR 29 PM 3:24

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

**186113**

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Grace Swain) for and in consideration of  
One Thousand Two Hundred Eighty-one and 89/100 Dollars (\$ 1281.89 ) 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 7, BLOCK 1, CVR&F #3**

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

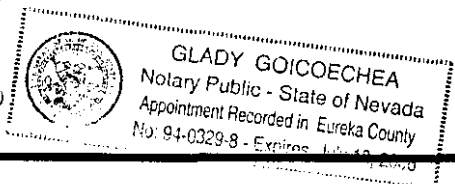
STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 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)



**186113**

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# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 003-022-06  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 186113  
Book: 377 Page: 71  
Date of Recording: 3-29-84  
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) \$ 1281.89  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 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: \_\_\_\_\_ %

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 Galt 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)