

# QUIT CLAIM DEED

APN: 005-220-06

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	
Name:	<u>Mike Kincade</u>
Address:	<u>3900 Hancock Drive</u>
City/State/Zip:	<u>Sacramento, CA 95821</u>

## DOC # 0224115

04/19/2013 04:45 PM

### Official Record

Recording requested By  
EUREKA COUNTY TREASURER, TRUSTEE

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$15.60 Recorded By: .ES  
Book- 549 Page- 0044



THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (McCann, R.A. & P.C.) for and in consideration of  
One Thousand Nine Hundred Seventy Dollars and Forty Cents (\$1970.40) 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): Mike Kincade whose address is  
(if applicable): 3900 Hancock Drive, situate in the Town of Sacramento, State of California.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**T30N R48E Sec. 23 E2SE4SW4**

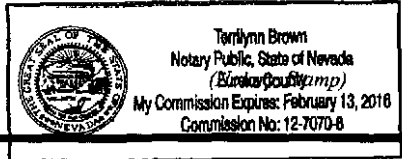
Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on April 19, 2013.

Beverly Conley  
Signature of Grantor

STATE OF NEVADA     )  
  )  
COUNTY OF EUREKA    )

This instrument was acknowledged before me on (date) April 19, 2013  
By (person(s) appearing before notary public) Beverly Conley \*\*\*

Terrynn Brown  
Notary Public  
My Commission expires: Feb. 13, 2016



DECLARATION OF VALUE

DOC # DV-224115

04/19/2013 04:45 PM

Official Record

FOR RECOR

Document/In

Book: \_\_\_\_\_

Date of Rec: \_\_\_\_\_

Notes: \_\_\_\_\_

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

- a) 005-220-06
- 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'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) \$ \_\_\_\_\_

Transfer Tax Value: \$ 3960<sup>00</sup>

Real Property Transfer Tax Due: \$ 15<sup>49</sup>

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: Bonnelly Corley Capacity: Treasurer

Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka Treasurer

Address: PO Box 677

City: Eureka

State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Mike Kincade

Address: 3900 Hancock Drive

City: Sacramento

State: CA Zip: 95831

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)