

QUIT CLAIM DEED

APN: 005-180-15

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Mike Kincade
Address: 4720 Loch Lomond Dr.
City/State/Zip: Carmichael, CA 95608

DOC # 0224946

10/07/2013

01:51 PM

Official Record

Recording requested By
EUREKA COUNTY TREASURER

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$70.20 Recorded By: FES
Book- 555 Page- 0266



0224946

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUSTEE, (Overseas Medical and Health Education Foundation) for and in
consideration of
One Thousand Six Hundred Ninety Four Dollars and Sixty Seven Cents (\$1694.67) Dollars (\$1694.67) 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): 4720 Loch Lomond Dr., situate in the Town of Carmichael, State of
California.

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

T30N R48E, Sec. 25 N2

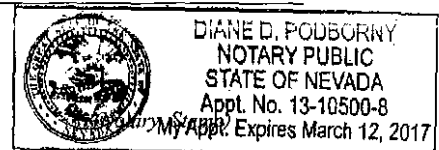
Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on October 7,
2013.

Beverly Conley
Signature of Grantor

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) October 7, 2013
By (person(s) appearing before notary public) Beverly Conley

Diane D. Podborsny
Notary Public
My Commission expires: March 12, 2017



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-224946

10/07/2013

01:51 PM

Official Record

1. Assessor Parcel Number (s)

a) 005-180-15
b) _____
c) _____
d) _____

FOR RECORD

Document/In:

Book: _____

Date of Reco: _____

Notes: _____

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Page 1 of 1 Fee: \$14.00

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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: \$ 17,600.00

Real Property Transfer Tax Due: \$ 70.20

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 Beverly Conley 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 Vincade
Address: 4720 Loch Lomond Dr.
City: Carmichael
State: CA Zip: 95608

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)