

# QUIT CLAIM DEED

APN: 005-200-04

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|--|
| RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO |
| Name: <u>Mike Kincade</u>                        |
| Address: <u>4720 Loch Lomond Dr.</u>             |
| City/State/Zip: <u>Carmichael, CA 95608</u>      |

## DOC # 0224947

10/07/2013 01:52 PM

### Official Record

Recording requested By  
EUREKA COUNTY TREASURER

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1  
RPTT: \$5.85 Recorded By: FES  
Book- 555 Page- 0267



THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Annabelle Clemens) for and in consideration of  
Three Hundred Twenty Seven Dollars and Three Cents Dollars (\$327.03) 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. 17 NW4SE4NW4**

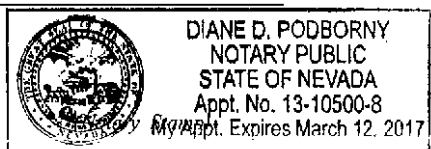
Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on October 7,  
2013.

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 Podborny  
Notary Public  
My Commission expires: March 12, 2017



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-224947**

10/07/2013 01:52 PM

**Official Record**

FOR RECORD  
Document/Tr  
Book: \_\_\_\_\_  
Date of Rec: \_\_\_\_\_  
Notes: \_\_\_\_\_

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**Eureka County - NV**

**Mike Rebaleati - Recorder**

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

- a) 005-200-04
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**2. Type of Property:**

- a)  Vacant Land
- b)  Single Fam Res.
- c)  Condo/Twnhse
- d)  2-4 Plex
- e)  Apt. Bldg.
- f)  Comm'l/Ind'l
- g)  Agricultural
- h)  Mobile Home
- i)  Other

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ 1,331.00  
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 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 Lamond 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)