

# QUIT CLAIM DEED

APN: 005-230-16

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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

DOC # **0224948**

10/07/2013 01:54 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- 0268



0224948

THIS INDENTURE WITNESS That the GRANTOR(S): **EUREKA COUNTY**  
**TREASURER, TRUSTEE, (Best Holdings, Ltd)** for and in consideration of  
**Four Hundred Dollars and Fifteen Cents Dollars (\$400.15)** 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. 27 NW4NW4SW4**

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. Podborny*  
Notary Public

My Commission expires: **March 12, 2017**



DIANE D. PODBORNY  
NOTARY PUBLIC  
STATE OF NEVADA  
Appt. No. 13-10500-8  
My Appt. Expires March 12, 2017

STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-224948

10/07/2013

01:54 PM

Official Record

1. Assessor Parcel Number (s)

- a) 005-230-16  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

FOR RECORD

Document/Ins

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: \$

Real Property Transfer Tax Due: \$

\$  
\$  
\$ 1,331.00  
\$ 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 Kincade  
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)