QUIT CLAIM DEED

RECORDING REQU	ESTED BY AND MAIL TAX STATEMENT TO	
Name:	<u>M</u> ike Kincade	
Address:	4720 Loch Lomond Dr.	
City/State/Zir	c: Carmichael, CA 95608	

DOC # 0224953

10/07/2013

1 59 PM

Official Record

Recording requested By EUREKA COUNTY TREASURER

Eureka County - NV Mike Rebaleati - Recorder

Fee: **\$14.00** RPTT: **\$**5.85 Page 1 of 1 Recorded By: FES

Book- 555 Page- 0273



THIS INDENTURE WITNESS That the GRANTOR(S): <u>EUREKA COUNTY</u>

TREASURER, TRUSTEE, (William H. & Mary Frances Anthony) for and in consideration of Two Hundred Sixty Five Dollars and Seventy-Four Cents Dollars (\$265.74) 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:

T29N R48E, Sec. 1 SE4SW4NE4

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.

Serverly 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

Notary Public

My Commission expires: Wark 12, 2017

DIANE D. PODBORNY NOTARY PUBLIC STATE OF NEVADA Stafept. No. 13-10500-8

My Appl. Expires March 12, 2017

STATE OF NEVADA DECLARATION OF VALUE

			, FO	R RECOR	Official Rec	or.
1. Assessor Pa	arcel Number (s)	}	'	cumenVin		
	120-02			ok;	Recording requested By EUREKA COUNTY TREASURER	
· p)		_	Da	ate of Rec	Funcks Count No.	
c)			No	otes;	Eureka County - NV	
d)		<u></u>	<u>. </u>		Mike Rebaleati - Recorde	≥r
					Page 1 of 1 Fee: \$14.00	
2. Type of Pro	•				Recorded By: FES RPIT: \$5.85 Book- 555 Page- 0273	
a) 🔀 c)	Vacant Land Condo/Twnhse		Single Fam Res. 2-4 Plex		Fade= 6275	
e) 🗀	Apt. Bldg.		Comm'l/Ind'l			
g) 🗀	Agricultural	p) 🔲 1	Mobîle Home	The same of		
ı) 🗀 ·	Other				\	L
3 Tabal Value	alealan Drina a	f Dranathu	•			1
	e/Sales Price o	•	<u>φ</u> property) \$	-		^
Transfer Ta	u of Foreclosure	Only (value of	bioheith) 🌞			·
-	x value. ty Transfer Tax D	lua:	/ /2		,00	7
Keal Flober	ty Hallstel Tax L	rue.	<u> </u>	5.85	- \ - \	^
4. If Exemption	on Claimed:))	
	er Tax Exemption,	ner NRS 375.09	0. Section:		/ /	
	n Reason for Exem			V	/ /	
						
5. Partial Inte	erest: Percentag	ge being trans	ferred:	<u> </u>	<u>%</u>	
					ry, pursuant to NRS 375,060 t of their Information and	
					stantiate the information	
-			76 1 1		nption, or other determination	
			107	- 1	lus interest at 1% per month.	
*, ************************************					and week and the bar electrical	
Pursuant to N	IRS 375.030, the	Buyer and Se	eller shall be	jointly a	nd severally liable for any	
additional an	N. N.					
Signature	0 1	1/1001),	Car	pacity <u>Treasurer</u>	
Signature_	J JON D COL	1			pacity	
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r Celleb <i>io</i>	מאו ומסדוא <i>א</i> מי		Jany	en (en	ANTECHNEODUATION	
	RANTOR) INF	ORMA HON	501		ANTEE) INFORMATION	
Print Name:		Tan 4 4 1 1 4 4	Print N		VIREO)	
Address:	Eureka	reasure	Addres		Mike Kincade	
City:	POBOX 6		_ Addres	-	1720 Loch Lomand D	<u>r. </u>
-	Eureka				Carmichael	
State:	AV Zip:	89714	State:		<u>CA Zip: 95608 </u>	
COMPANY	unencolune.	NECTING P	,	^	•	
	IPERSON REC		KEUUKUIN	<u>G</u>		
(REQUIRED IF Print Name:	NOT THE SELLER OR I	SUTER)			Feerow#	
Address:					Escrow#	
Address: Citv:		-	State:		Zip:	
GILV.			orace.		LIU.	

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)