

**QUIT CLAIM DEED**

APN: 005-470-20

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>
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**DOC # 0224956**

10/07/2013 02:04 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- 0276



THIS INDENTURE WITNESS That the GRANTOR(S): **EUREKA COUNTY**  
**TREASURER, TRUSTEE, (Courtney C. Neal)** for and in consideration of  
**Three Hundred Fifteen Dollars and Sixty-Three Cents** Dollars (\$315.63) 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. 33 SW4SE4SW4**

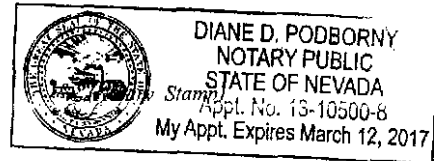
Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on October 7,  
2013.

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



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-224956

10/07/2013

02:04 PM

Official Record

1. Assessor Parcel Number (s)

a) 005-470-20

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

FOR RECORDE

Document/Instr

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

Date of Record: \_\_\_\_\_

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: \$ 1,426.00

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: 89311

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Mike Kincaid

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)