

DOC # 0227599

07/11/2014 02:03 PM

Official Record

Recording requested By
MICHAEL KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$7.80 Recorded By: AP
Book- 567 Page- 0233



0227599

ASSESSOR PARCEL NO. 005-180-15

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LACH LOMOND DR.

CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: MICHAEL KINCADE, TRUSTEE

ADDRESS: 4720 LACH LOMOND DR.

CITY/ST/ZIP: CARMICHAEL, CA 95608

SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are.

MIKE KINCADE

Does convey and specially warrants to:

MICHAEL KINCADE, TRUSTEE OF THE MICHAEL KINCADE REVOCABLE TRUST OF 2014

Grantee, the following described real property free of encumbrances created by the Grantor, situated in:

EUREKA COUNTY, NEVADA

T 30 N. R 48 E, SEC. 25. N2

Witness Whereof, my hand has been set on JUNE 26, 2014

[Signature]

Signature in line above

MIKE KINCADE

Print on line above

[Signature]

Signature on line above

Print on line above

State of California, County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this

26 day of JUNE, 2014 by

MIKE KINCADE

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *[Signature]* (seal)



**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-227599

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1. Assessor Parcel Number (s)

- a) 005-180-75
- b) _____
- c) _____
- d) _____

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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:

\$ 1695 -

Real Property Transfer Tax Due:
(Tax is computed at \$1.95 per \$500 value)

\$ 7.80

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

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 MIKE KINCADE Capacity GRANTOR
Signature MIKE KINCADE TR Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
Print Name: MIKE KINCADE
Address: 4720 Loch Lomond Dr
City: CARMICHAEL
State: CA Zip: 95608

(REQUIRED)
Print Name: MICHAEL KINCADE TR
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: _____