

DOC # 0227600

07/11/2014 02:05 PM

Official Record

Recording requested By
MICHAEL KINCADE

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$3.90 Recorded By: AP
Book- 567 Page- 0234



0227600

ASSESSOR PARCEL NO. 005-010-32

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LOCH LOMOND DR

CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: MICHAEL KINCADE TR

ADDRESS: 4720 LOCH 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

T31N R48E, SEC. 17 SE 4 (LOTS 1, 2, 3, AND 4)

Witness Whereof, my hand has been set on

JUNE 26, 2014

Signature in line above

Signature on line above

Print on line above

Print on line above

State of California, County of SACRAMENTO

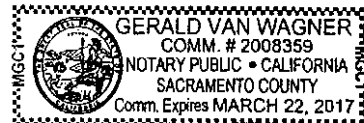
Subscribed and sworn to (or affirmed) before me on this

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: *Gerald Van Wagner* (seal)



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-227600

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1. Assessor Parcel Number (s)

- a) 005-010-32
- b) _____
- c) _____
- d) _____

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Page 1 of 1 Fee: \$14.00
Recorded By: AP RPTT: \$3.90
Book-567 Page-0234

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:

\$ 1,000 -

Real Property Transfer Tax Due:

(Tax is computed at \$1.95 per \$500 value)

\$ 3.90

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 MICHAEL KINCADE, JR Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: MIKE KINCADE
 Address: 4720 LOFT LEMON DR
 City: CARMICHAEL
 State: CA Zip: 91608

(REQUIRED)
 Print Name: MICHAEL KINCADE, JR
 Address: 4720 LOFT LEMON DR
 City: CARMICHAEL
 State: CA Zip: 91608

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____