

DOC # 0227601

07/11/2014 02:08 PM

Official Record

Recording requested By
MICHAEL KINGADE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$5.85

Recorded By: AP

Book- 567 Page- 0235



0227601

ASSESSOR PARCEL NO. 005-340-08

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINGADE

ADDRESS: 4720 LOCH LOMOND DR

CITY/ST/ZIP: CARMICHAEL, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: MICHAEL KINGADE, 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 KINGADE

Does convey, and specially warrants to:

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

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

EUREKA COUNTY, NEVADA

T30N R50E, SEC. 29 S2NE4; NW4NE4

Witness Whereof, my hand has been set on

JUNE 26, 2014

Signature in line above

MIKE KINGADE

Print on line above

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 KINGADE

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-227601

07/11/2014 02:08 PM

Official Record

Recording requested By
MICHAEL KINCADE

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$14.00
Recorded By: AP RPTT: \$5.85
Book- 567 Page- 0235

1. Assessor Parcel Number (s)

- a) 005-340-08
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input checked="" 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:

\$ 1100 -

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

\$ 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: 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 Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: MIKE KINCADE
 Address: 4720 LOU LOMOND DR
 City: CADMICHAEL CA
 State: CA Zip: 95760

(REQUIRED)
 Print Name: MICHAEL KINCADE JR
 Address: 4720 LOU LOMOND DR
 City: CADMICHAEL
 State: CA Zip: 95760

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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