

# QUIT CLAIM DEED

APN: 003-202-04

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Michael Kincade, Trustee of the Michael Kincade Revocable Trust of 2014  
Address: 4720 Loch Lomond Drive  
City/State/Zip: Carmichael, CA 95608

DOC # 0229311

05/06/2015

02:45 PM

Official Record

Recording requested By  
EUREKA COUNTY TREASURER

Eureka County - NV

Sara Simmons - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$3.90

Recorded By: LH

Book- 578 Page- 0263



0229311

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE, (HALEY, SHAWN & MARGARET E. BRAUN) for and in consideration of Two Hundred Twenty Six Dollars and Twenty Cents (\$226.20) 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): Michael Kincade, Trustee of the Michael Kincade Revocable Trust of 2014 whose address is (if applicable): 4720 Loch Lomond Drive, Carmichael, CA 95608.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**NEVELCO INC. #2, T29N,R48E SEC. 15, BLOCK E, LOTS 8 & 9**

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 May 6, 2015.

Beverly Conley  
Signature of Grantor

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) May 6, 2015

By (person(s) appearing before notary public) Beverly Conley

Diane D. Podborny  
Notary Public

My Commission expires: March 12, 2017



DIANE D. PODBORNY  
NOTARY PUBLIC  
STATE OF NEVADA

Appt. No. 13-10500-8

My Appt. Expires March 12, 2017

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

a) 003-202-04  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**DOC # DV-229311**  
05/06/2015 02:45 PM  
**Official Record**

Recording requested By  
EUREKA COUNTY TREASURER

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 \_\_\_\_\_

FO  
DOC  
BOC  
DA1  
NOT

Eureka County - NV  
Sara Simmons - Recorder  
Page 1 of 1 Fee: \$14.00  
Recorded By: LH RPTT: \$3.90  
Book- 578 Page- 0263

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ \_\_\_\_\_  
( \_\_\_\_\_  
\$ 846.00  
\$ 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: \_\_\_\_\_ %

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 parties agree that 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 Eureka County Treasurer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Beverly Conley, Treasurer  
Address: PO Box 677  
City: Eureka  
State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Kincaid, Michael, Trustee of the Michael Kincaid  
Address: 4720 Loch Lomond Dr - Revocable Trust of 2014  
City: Carmichael  
State: California 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/MICROFILMED)