

QUIT CLAIM DEED

APN: 005-430-20

DOC # **0229324**

05/06/2015 02:55 PM

Official Record

Recording requested By
EUREKA COUNTY TREASURER

Eureka County - NV

Sara Simmons - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$9.75

Recorded By: LH

Book- 578 Page- 0276

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



0229324

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE, (GROVES, PATRICK B.) for and in consideration of Five Hundred Twenty Five Dollars and No Cents (\$525.00) 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:

T29N,R48E SEC. 11 NE4SE4SW4

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



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessors Parcel Number(s)
 - a) 005-430-20
 - 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 _____

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- 3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: \$ 2157.00
 Real Property Transfer Tax Due: \$ 9.75

- 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: Kincade, Michael Trustee of the Michael Kincade
 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)