

DOC # 0229609

07/02/2015

01:00 PM

**Official Record**

Recording requested By  
MICHAEL KINCADE TRUST

Eureka County - NV

Sara Simmons - Recorder

Fee: \$40.00

Page 1 of 2

RPTT: \$15.60

Recorded By: LH

Book- 580 Page- 0055



ASSESSOR PARCEL NO. 005-090-49  
NOTE: Deed prepared by Grantor below.  
NAME: MICHAEL KINCADE TR  
ADDRESS: 4720 LOCH LOMOND DR  
CITY/ST/ZIP: CARP MICHAE, CA 95608  
RPTT: 1562  
WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: SCOTT PAUL SCHOCH  
ADDRESS: 1113 N. TENAYA,  
CITY/ST/ZIP: LAS VEGAS, NV 89128

## SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are, MICHAEL KINCADE TRUSTEE OF THE MICHAEL KINCADE REVOCABLE TRUST OF 2014

Does convey and specially warrants to:

SCOTT PAUL SCHOCH

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

EUREKA COUNTY, NEVADA

T31N, R49E SEC. 31 NE4NW4

Witness Whereof, my hand has been set on

JUNE 17, 2015

Signature in line above

[Signature] TRUSTEE

Signature on line above

Print on line above

MICHAEL KINCADE  
TRUSTEE

Print on line above

State of California, County of \_\_\_\_\_

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

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

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

Signature Please see attached (seal)  
document for Notary C.M.

☐ See Statement Below (Lines 1-5 to be completed only by document signers, not notary)  
☒ See Attached Document (Notary to cross out lines 1-6 Below)

1  
2  
3  
4  
5  
6

*C. Marks*

Signature of Document Signer No. 1      Signature of Document Signer No. 2

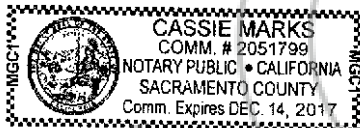
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or the validity of this document

State of California  
County of Sacramento

Subscribed and Sworn to (or Affirmed) before me  
on this 17<sup>th</sup> day of June 2015

(1) Mike Kincade  
(2) \_\_\_\_\_

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



Notary Seal

*Cassie Marks*

Signature of Notary Public

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Type of Document: Special Warranty Deed Document Date: \_\_\_\_\_

**Attestation of Affirmation before the Notary Public**

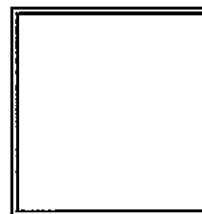
I have willingly appeared before the Notary Public present today and have Sworn to (or Affirmed) the statements within this document to be true and correct.

*[Signature]*

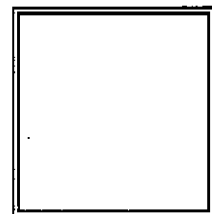
Signature Signer #1

Signature Signer #2

Right Thumb Print  
of Signer 1



Right Thumb Print  
of Signer 2



0229509

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JURAT

STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-229609

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1. Assessor Parcel Number(s)

a) 005-090-49  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

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

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due

\$ 3650 -  
( \_\_\_\_\_ )  
\$ \_\_\_\_\_  
\$ 15.60

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Page 1 of 1 Fee: \$40.00  
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Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

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 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 SCOTT SCHUCH

Signature MICHAEL KINCADE, TR. Capacity GRANTOR

**SELLER (GRANTOR) INFORMATION**  
(REQUIRED)

Name: MICHAEL KINCADE, TR.  
Address: 4720 LOCH LOMOND DR  
City: CARMICHAEL  
State: CA Zip: 95602

**BUYER (GRANTEE) INFORMATION**  
(REQUIRED)

Name: SCOTT PAUL SCHUCH  
Address: 1113 N. TENAYA  
City: LAS VEGAS, NV  
State: NV Zip: 89128

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)