

QUIT CLAIM DEED

APN: 002-019-06

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Mike Kincade
Address: 4720 Loch Lomond Dr.
City/State/Zip: Carmichael, CA 95608

DOC # 0231105

04/20/2016

01:00 PM

Official Record

Recording requested By
EUREKA COUNTY TREASURER

Eureka County - NV
Sara Simmons - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$17.55

Recorded By: LH

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0231105

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUSTEE, (Coyner, S.C. & Edwards, M.A.) for and in consideration of
Five Thousand One Hundred Fifty One Dollars and No Cents (\$5151.00) 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 Dr., Carmichael, CA 95608. All that certain property in the County of Eureka, State of
Nevada bounded and described as follows:

CVR&F Unit #1, Block 10, Lot 8
3079 Crescent Avenue

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 April 20, 2016.

Beverly Conley
Signature of Grantor

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) April 20, 2016

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

(Notary Stamp)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

a) 002-019-06
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 _____

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F

D

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D

NOTES:

Page 1 of 1 Fee: \$14.00
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3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due:

\$ _____
(_____
\$ 4097.00
\$ 17.55

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
Address: PO Box 677
City: Eureka
State: Nevada Zip: 89316

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael Kincaid Revocable Trust of 2014
Address: 4720 Loch Lomond Dr.
City: Carmichael
State: CA 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)