

# QUIT CLAIM DEED

APN: 005-690-17

**DOC # 0231109**

04/20/2016 01:13 PM

**Official Record**

Recording requested By  
EUREKA COUNTY TREASURER

**Eureka County - NV**

**Sara Simmons - Recorder**

Fee: \$14.00

Page 1 of 1

RPTT: \$29.25

Recorded By: LH

Book- 690 Page- 0071

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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



0231109

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Sturgal, Raymond E. & Anna I.) for and in consideration of  
Six Thousand Eight Hundred Fifty One Dollars and No Cents (\$6851.00) 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:

**T30N,R50E SEC. 5 SW4SE4**

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) 005-690-17  
 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: \$ 7129.00  
 Real Property Transfer Tax Due: \$ 29.25

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 Kincade 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)