

DOC # 0232250

11/28/2016

09:48 AM

Official Record

Recording requested By
MIKE KINCADE

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$17.55

Recorded By: CH

Book- 597 Page- 0341



0232250

ASSESSOR PARCEL NO. 005-090-03

NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade, Tr

ADDRESS: 4720 Loch Lomond Dr

CITY/ST/ZIP: Carmichael, CA 95608

RPTT: 17.55
WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: Thomas Allen & Tammy Taylor-Barber

ADDRESS: 1690 Deer Ln

CITY/ST/ZIP: Guffey, CO 80820

SPECIAL WARRANTY DEED

*591E PIRRE
\$4500.00*

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:

Thomas Allen Jr and Tammy Taylor-Barber

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

Eureka County, Nevada

T31N, R49E Sec. 19 LOT 2 (SW4NW4 less 5.74 Ac HWRW)

Witness Whereof, my hand has been set on

NOV 21, 2016

Signature in line above

Signature on line above

Print on line above

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 in complete wording to

☐ 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 _____

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 21 day of November 2016

(1) Michael Rincade
 (2) _____

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



Notary Seal

Estin R. Harriman
 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: _____

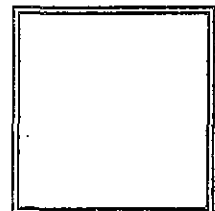
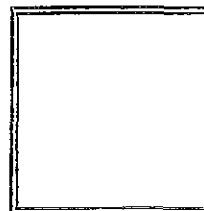
Document Date: _____

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.

Right Thumb Print
 of Signer 1

Right Thumb Print
 of Signer 2



Signature Signer #1 _____

Signature Signer #2 _____

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-232250

11/28/2016 09:48 AM

Official Record

1. Assessor Parcel Number (s)

a) 005-490-03
b) _____
c) _____
d) _____

FOF

Doc

Box

Dist

No

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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/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ Other

3. Total Value/Sales Price of Property:

\$ 4500

Real Property Transfer Tax Due:

(Tax is computed at \$1.95 per \$500 value)

\$ 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: 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 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 MICHAEL KINCADE JR Capacity GRANTOR
Signature ALLEN & TAYLOR SARR Capacity GRANTEES

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: MICHAEL KINCADE JR
Address: 4720 10th COMMERCE
City: CARMICHAEL
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: THOMAS ALLEN & TAYLOR SARR
Address: 1690 DEER LN
City: GUTHRIE
State: CO Zip: 80820

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)