

# QUIT CLAIM DEED

APN: 005-500-04

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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

**DOC # 0232898**

04/20/2017 01:13 PM

**Official Record**

Recording requested By  
EUREKA COUNTY TREASURER

**Eureka County - NV**

**Lisa Hoehne - Recorder**

Fee: \$14.00 Page 1 of 1  
RPTT: \$7.80 Recorded By: CH  
Book- 600 Page- 0419



0232898

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (Kay, Minnie) for and in consideration of One Thousand Two  
Hundred Fifty Dollars and no cents\*\*\*\*(\$1250.00) 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., situate in the  
Town of Carmichael, State of California.  
All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**T29N,R49E SEC. 7, SE4SW4NW4**

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, 2017.

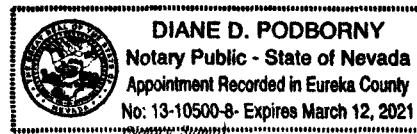
Beverly Conley  
Signature of Grantor

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) April 20, 2017

By (person(s) appearing before notary public) Beverly Conley

Diane D. Podborny  
Notary Public  
My Commission expires: March 12, 2021



STATE OF NEVADA  
DECLARATION OF VALUE

DOC # DV-232898

04/20/2017 01:13 PM

Official Record

- 1. Assessors Parcel Number(s)
  - a) 005-500-04
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

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Page 1 of 1 Fee: \$14.00  
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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 \_\_\_\_\_

**FOR RECORDERS USE ONLY**

DOCUMENT/INSTRUMENT #: \_\_\_\_\_

BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

DATE OF RECORDING: \_\_\_\_\_

NOTES: \_\_\_\_\_

3. Total Value/Sales Price of Property: \$ \_\_\_\_\_

Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )

Transfer Tax Value: \$ 1,726.00

Real Property Transfer Tax Due: \$ 7.80

- 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, Eureka Co Treasure

Address: PO Box 677

City: Eureka

State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Michael Kincaid, Trustee

Address: of the 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)