## DOC # 0233194

06/12/2017 Official

Record

ASSESSOR PARCEL NO. 005-500-04 NOTE: Deed prepared by Grantor below. NAME: Michael Kincade, Tr ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Carmichael, CA 95608

PFT; 1: 60 WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

Print on line above

NAME: Zorayda Ayala ADDRESS: 10202 Forum Park Drive #220

CITY/ST/ZIP: Houston, TX 77036

Recording requested By MICHAEL KINCADE

Eureka County - NV Lisa Hoehne - Recorder

Fee: **\$15.00** RPTT: **\$7.80** 

Page 1 of 2 Recorded By: CH

Print on line above

Book- 602 Page- 0087



## 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 conveys and specially warrants to:
Zorayda Ayala
Grantee, the following described real property free of encumberances created by the Grantor, situated in:
Eureka County, Nevada T29N, R49E SEC. 7, SE4SW4NW4
APN: 005-500-04
Witness Whereof, my hand has been set on
The state of the s
Signature in line above

2000		
State of California, Cour		
Subscribed and sworn to	or affirmed) before me on this	
day of	by "	
proved to me on the ba	s of satisfactory evidence to be	
the person(s) who appea	ed before me.	
Signature	(seal)	
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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 validity of that document.  State of California  County of SACRAMENTO  On 26 PPEU 2017 before me, La VAN WAGNET ANTREY PUBLIC Date  Personally appeared MICHAEL KINCHIET Name and Title of the Officer  personally appeared MICHAEL KINCHIET Name (S) of Signer(s)  who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/ehe/they executed the same inshrher/their authorized capacity(iee), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Place Notary Seal Above  OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Description of Attached Document:  Description of Attached Document:  Title or Type of Document:  PETITIE WARRINGT Not PERSURY NOTAL PUBLIC HEAD OF TITLE STATES Signer's Name:  Signer's Name:  Signer's Name:  Capacity(les) Claimed by Signer(s)  Signer's Name:  Gorporate Officer — Title(s):  Partner — Limited General Individual Attorney in Fact  Individual Attorney in Fact  Trustee Guardian or Conservator  Other:  Signer is Representing:  Signer is Representing:	\(\text{\aligned}\)\(\alig	
County of SACRAMENTO  On 26 PPPL 2017 before me, Le VAN WAGNET NITTARY RVBLLC  Date Here insent Name and Title of the Officer  Personally appeared MICHAEL KINCHNET Rame and Title of the Officer  Personally appeared MICHAEL KINCHNET Rame and Title of the Officer  Name(s) of Signer(s)  who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/arc subscribed to the within instrument and acknowledged to me that he/ehe/they executed the same in his/her/their authorized capacity(ee), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Signature OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Description of Attached Document  Title or Type of Document: PRECIPAL WARPANTY INCH ARCHATY INCH ARCHA		
Date    Here Insert Name and Title of the Officer	County of SACRAMENTO )	PAN WAGALED INDIARY PUBLICE
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/e-k-they executed the same in his/her/their authorized capacity(#ee), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  **Place Notary Seal Above**  **OPTIONAL**  **Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  **Description of Attached Document**  Title or Type of Document: **SPECIAL WAPPANTY**  **Place Notary Seal Above**  **Document Date: **NOTE**  **Number of Pages: **Jenes**  **Signer(s) Other Than Named Above: **MONTE**  **Document Date: **NOTE**  **Partner**  **Capacity(ies) Claimed by Signer(s)*  **Signer's Name: **Group of Corporate Officer — Title(s): **Group of Corporate Officer		
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/ehe/they executed the same in his/her/their authorized capacity(lee), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument in the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) or the same in his/her/their signature(s) or the instrument the person(s) or the instrument the person(s) acted, executed the same in his/her/their signature(s) or the instrument the person(s) or the location is optional that by his/her/their signature(s) or the Signature of California that the person(s) which the person(s) is true and correct.  WiTNESS my hand and official seal.  Signature of Notary Public  Signature of Notary Public  Place Notary Seal Above  OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Description of Attached Document  Title or Type of Document:  Signature of Notary Public  Signature of Notary Public  Place Notary Seal Above  OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Place Notary Seal Above  OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Place Notary S	personally appeared MICHAEL KING	CANETR
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(see), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Place Notary Seal Above  OPTIONAL  Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Description of Attached Document  Title or Type of Document:  Title or Type of Document:  Document Date:  VOLVE  Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer — Title(s):  Partner — Limited   General   Individual   Attorney in Fact   Trustee   Guardian or Conservator   Other:    Trustee   Guardian or Conservator   Other:   Other:		Name(s) of Signer(s)
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Signature   Sign	of	the State of California that the foregoing paragraph
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.  Description of Attached Document  Title or Type of Document: SPECIAL WARRANTY Note:	JED VAN WAGNER COMM. # 2184322  NOTARY PUBLIC OCALIFORNIA S SACRAMENTO COUNTY SIGN	gnature <i>QeO Van U Jaanes</i>
Description of Attached Document   Title or Type of Document:   SPECIAL WARRANTY   MALE L WOS-500-04	OPTIC	
Title or Type of Document: SPECIAL WARRANTY Note: 005-500-04  Document Date: NUME: Number of Pages: Signer(s) Other Than Named Above: Number of Pages: Signer's Name: Signer's Name: Corporate Officer — Title(s): Corporate Officer — Title(s): Partner — Limited General Partner — Limited General Individual Attorney in Fact Individual Attorney in Fact Guardian or Conservator Other: Other:		
Signer's Name:   Corporate Officer — Title(s):   Corporate Officer — Title(s):   Corporate Officer — Title(s):   Partner —   Limited   General   Partner —   Limited   General   Individual   Attorney in Fact   Individual   Attorney in Fact   Trustee   Guardian or Conservator   Other:   Other:   Other:	Title or Type of Document: SPECIAL WARR Document Date: NOWE	Number of Pages:
□ Corporate Officer — Title(s):       □ Corporate Officer — Title(s):         □ Partner — □ Limited □ General       □ Partner — □ Limited □ General         □ Individual □ Attorney in Fact       □ Individual □ Attorney in Fact         □ Trustee □ Guardian or Conservator       □ Trustee □ Guardian or Conservator         □ Other:       □ Other:	Capacity(ies) Claimed by Signer(s)	
□ Partner - □ Limited □ General       □ Partner - □ Limited □ General         □ Individual □ Attorney in Fact       □ Individual □ Attorney in Fact         □ Trustee □ Guardian or Conservator       □ Trustee □ Guardian or Conservator         □ Other: □       □ Other: □	Signer's Name:	
Signer Is Representing: Signer Is Representing:	<ul> <li>□ Partner — □ Limited □ General</li> <li>□ Individual □ Attorney in Fact</li> <li>□ Trustee □ Guardian or Conservator</li> </ul>	<ul> <li>□ Partner — □ Limited □ General</li> <li>□ Individual □ Attorney in Fact</li> <li>□ Trustee □ Guardian or Conservator</li> </ul>
	Signer is Representing:	Signer Is Representing:

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## DOC # DV-233194

06/12/2017

01:18 PM

Record

## STATE OF NEVADA DECLARATION OF VALUE

Assessor Parcel Number(s)	Recording requested By MICHAEL KINCADE
a) 005-500-04	Eureka County - NV
b)	Lisa Hoehne - Recorder
c)	Lisa Hoenne - Recorder
d)	Page 1 of 1 Fee: \$15.00
2. Type of Property:	1 C Recorded by . Oil
a) Vacant Land b) Single Fam. Res.	Doi Book- 602 Page- 0087
c) Condo/Twnhse d) 2-4 Plex	BookPage:
e) Apt. Bldg f) Comm'l/Ind'l g) Agricultural h) Mobile Home	Date of Recording: Notes:
g) Agricultural h) Mobile Home Other	Notes.
Total Value/Sales Price of Property	\$ 1650.00
Deed in Lieu of Foreclosure Only (value of property)	(
Transfer Tax Value:	\$
Real Property Transfer Tax Due	\$ 7.80
4. If Exemption Claimed:	( ) )
<ul> <li>a. Transfer Tax Exemption per NRS 375.090, Sec</li> </ul>	tion
b. Explain Reason for Exemption:	<del>\</del>
5 De Gallata and December 1 december 1	
<ol><li>Partial Interest: Percentage being transferred: _</li></ol>	<u>100</u> %
and NRS 375.110, that the information provided is c supported by documentation if called upon to substa parties agree that disallowance of any claimed exem	under penalty of perjury, pursuant to NRS.375.060 correct to the best of their information and belief, and can be antiate the information provided herein. Furthermore, the aption, or other determination of additional tax due, may t at 1% per month. Pursuant to NRS 375.030, the Buyer of additional amount owed.
and NRS 375.110, that the information provided is a supported by documentation if called upon to substaparties agree that disallowance of any claimed exemples result in a penalty of 10% of the tax due plus interest	orrect to the best of their information and belief, and can be initiate the information provided herein. Furthermore, the aption, or other determination of additional tax due, may train at 1% per month. Pursuant to NRS 375.030, the Buyer additional amount owed.
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(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)