

DOC # 0233194

06/12/2017 01:18 PM

Official Record

Recording requested By
MICHAEL KINCADE

Eureka County - NV
Lisa Hoehne - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: \$7.80 Recorded By: CH
Book- 602 Page- 0087



0233194

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

RPTT: 7:30
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Zorayda Ayala
ADDRESS: 10202 Forum Park Drive #220
CITY/ST/ZIP: Houston, TX 77036

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 convey and specially warrants to:

Zorayda Ayala

Grantee, the following described real property free of encumbrances 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 APRIL 26, 2017

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 _____ (seal)

SLE CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189



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 APRIL 2017 before me, JED VAN WAGNER, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared MICHAEL KINCADE JR
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/she/they executed the same in his/her/their authorized capacity(ies), 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 Jed Van Wagner
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: SPECIAL WARRANTY DEED PARCEL # 005-500-04
Document Date: NONE Number of Pages: 1
Signer(s) Other Than Named Above: NONE

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: _____
Signer Is Representing: _____

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 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF NEVADA
DECLARATION OF VALUE

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Page 1 of 1 Fee: \$15.00
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FC
Doc Book- 602 Page- 0087
Book _____ Page: _____
Date of Recording: _____
Notes: _____

- Assessor Parcel Number(s)
 - 005-500-04
 - _____
 - _____
 - _____

- Type of Property:

a) <input checked="" type="checkbox"/> Vacant Land	b) <input type="checkbox"/> Single Fam. Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
<input type="checkbox"/> Other	

3. 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:

- Transfer Tax Exemption per NRS 375.090, Section _____
- 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 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 ZORAYDA AYALA Zorayda Ayala

Signature MICHAEL KINCADE, TR Capacity Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

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

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Zorayda Ayala
10202 Forum Park Drive #220
Houston, TX 77036

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____