

EUREKA COUNTY, NV
RPTT \$5 85 Rec \$35 00
Total \$40 85
MICHAEL KINCADE

2017-233931
10/23/2017 09:55 AM
Pgs=3

ASSESSOR PARCEL NO. 003-011-01
NOTE: Deed prepared by Grantor below.
NAME: Michael Kincade, Tr
ADDRESS: 4720 Loch Lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608
RPTT: \$ 5.85
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Sivanarayana M Yenamareddy
ADDRESS: 3024 Bernard Ave
CITY/ST/ZIP: San Ramon, CA 94548



LISA HOEHNE, RECORDER

SPECIAL WARRANTY DEED

SALE PRICE
\$1125.00

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:

Sivanarayana M Yenamareddy & Lakshmi Yenamareddy

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

Eureka County, Nevada

TWP 29, RNG 48, Sec 17 CVR & F Unit #3, Lot 4, Block 4

101 Boulder Lane APN# 003-011-01 4.360 Ac

Witness Whereof, my hand has been set on

OCT 17, 2017

Signature Michael Kincade, TR on 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)

SEE CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

JVW

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

personally appeared MICHAEL KINCADE
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 "SIVANARAYANA M YENAMAREDDY & LAKSHMI YENAMAREDDY"
Title or Type of Document: SPECIAL WARRANTY DEED \$ 1125.00
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: _____

Signer's Name: _____
☐ 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

1. Assessor Parcel Number(s)

a) 1203-011-01
b) _____
c) _____
d) _____

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
Other _____

FOR RECORDERS OPTIONAL 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:

Real Property Transfer Tax Due

\$ 1125.00
\$ _____
\$ 5.65
\$ _____

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 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 SVIA VENAMAREDDY

Signature MIKE KINCADE Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Name M. KINCADE
Address 4720 LECTHOMOND PL
City CARM
State CA Zip 95602

BUYER (GRANTEE) INFORMATION
(REQUIRED)

SIVANARAYANA VENAMAREDDY
3034 BERNARD AVE
SAN RAMON, CA
94548

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

Print Name: _____

Escrow # _____

Address: _____

City: _____

State: _____

Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)