

ASSESSOR PARCEL NO. 005-320-02
NOTE: Deed prepared by Grantor below.
NAME: Linda A. Hovey
ADDRESS: P.O. Box 672
CITY/ST/ZIP: Aquila, AZ 85320



LISA HOEHNE, RECORDER

RPTT: 1.95
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Michael Kincade, Tr
ADDRESS: 4720 Loch lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608

SPECIAL WARRANTY DEED

SALE PRICE
\$300 -

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are.

Linda A. Hovey

Does convey and specially warrants to:

Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014

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

Eureka County, Nevada

T30N, R49E SEC. 25 POR OF E2W2W2 3.0 AC

Apn# 005-320-02

Witness Whereof, my hand has been set on 2-14, 2018

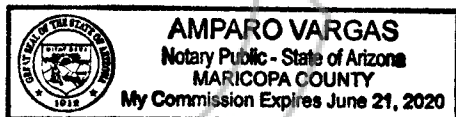
Linda A. Hovey
Signature in line above

Signature on line above

Linda A. Hovey
Print on line above

Print on line above

Arizona^{AV}
State of ~~California~~, County of Maricopa
Subscribed and sworn to (or affirmed) before me on this
14th day of February, 2018 by
Linda A. Hovey
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.
Signature Amparo Vargas (seal)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 005-320-02
 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 \$ 300 -
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 1.95

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 LINDA A. HOVEY
 Signature MIC KINCADE Capacity CO-GRANTEE

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Name: LINDA A HOVEY
 Address: 20 BOX 672
 City: ACQUILA
 State: NV Zip 85320

BUYER (GRANTEE) INFORMATION (REQUIRED)
MICHAEL KINCADE, TR.
4720 LISA LOMOND DR.
CARMICHAEL, CA 95608

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)