

QUIT CLAIM DEED

APN: **005-460-08**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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

EUREKA COUNTY, NV **2018-234924**
RPTT:\$7.80 Rec:\$35.00
Total:\$42.80 **04/20/2018 10:44 AM**
COLE KINCADE Pgs=2



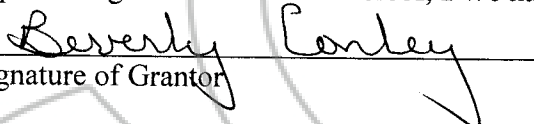
LISA HOEHNE, RECORDER

THIS INDENTURE WITNESS That the GRANTOR(S): **EUREKA COUNTY**
TREASURER, TRUSTEE, (Hays, Orlie G. Family Trust) for and in consideration of
Six Hundred Dollars and No Cents ** (\$600.00)** 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): **Cole Kincade** 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:

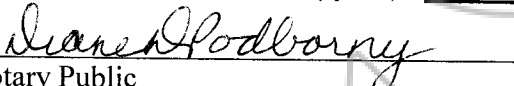
T29N,R48E SEC. 25 N2NW4NW4SE4

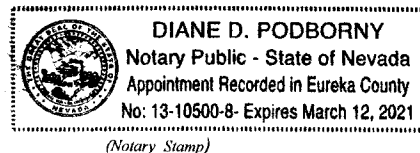
Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on **April 20, 2018**


Signature of Grantor

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) **April 20, 2018**
By (person(s) appearing before notary public) **Beverly Conley**


Notary Public
My Commission expires: **March 12, 2018**



(Notary Stamp)

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

a) 005-460-08
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
i) ☐ 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:

\$ _____
(_____
\$ \$1,720.00
\$ \$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, EU CO Treasurer
Address: PO Box 677
City: Eureka
State: NV Zip: 89316

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Cole Kincade
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)