

EUREKA COUNTY, NV
RPTT:\$29.25 Rec:\$35.00
Total:\$64.25
MICHAEL KINCADE

2018-235156

05/18/2018 01:13 PM

Pgs=2

ASSESSOR PARCEL NO. 005-260-24
NOTE: Deed prepared by Grantor below.
NAME: Michael Kincade, Tr
ADDRESS: 4720 Loch Lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608

Att. 2913
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Travis McFate
ADDRESS: 1778 Sunnyslope Lane
CITY/ST/ZIP: Hollister, CA 95023



LISA HOEHNE, RECORDER

SPECIAL WARRANTY DEED

SALE PRICE \$7411

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:

Travis McFate

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

Eureka County, Nevada

T30N, R49E SEC. 17 W2NW4

Witness Whereof, my hand has been set on

May 14, 20 *18*

Signature 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 ACKNOWLEDGEMENTS.

(JW)

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 14 MAY 2018 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 PARCEL NO 005-260-24
Title or Type of Document: SPECIAL WARRANTY DEED
Document Date: NONE Number of Pages: 2
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

1. Assessor Parcel Number(s)
 a) DD5-26024
 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 \$ 7411-
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: _____
 Real Property Transfer Tax Due \$ 2925

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 TRAVIS McFATE
 Signature MICHAEL KINCADE Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Name: MICHAEL KINCADE JR
 Address: 4720 LOCK LOMEND DR
 City: CARMICHAEL
 State: CA Zip 95608

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Name: TRAVIS McFATE
 Address: 1778 GUNNYLOPE LN
 City: HOLLISTER, CA Zip 95023

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)