



LISA HOEHNE, CLERK RECORDER

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 003-241-03
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 RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ \$500.00
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due \$ _____

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 _____ Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Mike Kinkade
Address: 45090 Loch Lomond Dr
City: Carlsbad
State: CA Zip: 92008

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael R Michael
Address: 1245 Rolling Hills Trail
City: Hudson
State: WY Zip: 54016
2/17/2019 1 incl 2019

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

38-90

ASSESSOR PARCEL NO. 003 241-03

NOTE: Deed prepared by Grantor below.

NAME: MIKE KINCADE

ADDRESS: 4720 LOCH LOMOND

CITY/ST/ZIP: CARMICHAE, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):

MAIL TAX STATEMENTS TO (GRANTEE):

NAME: MICHAUD, MICHAEL,

ADDRESS: 1245 ROLLING HILLS TRAIL

CITY/ST/ZIP: HUDSON, WI 54016

SPECIAL WARRANTY DEED

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

MIKE KINCADE

Does convey and specially warrants to:

MICHAEL R. MICHAUD

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

EUREKA COUNTY, NEVADA

NEVELCO INC. UNIT 2

T29N R48E, SEC. 15 LOT 3, BLOCK Y

Witness Whereof, my hand has been set on

AUG 8, 2014

Signature in line above

Print on line above

MIKE KINCADE

Signature on line above

Print on line above

Michael R Michaud

State of California, County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this

8 day of AUG, 2014 by

MIKE KINCADE

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (seal)

