

EUREKA COUNTY, NV  
RPTT: \$3.90 Rec: \$35.00  
Total: \$38.90  
MICHAEL KINCADE

2019-239105  
06/24/2019 01:17 PM

Pgs=3

ASSESSOR PARCEL NO. 003-243-03  
NOTE: Deed prepared by Grantor below.  
NAME: Michael Kincade, Tr  
ADDRESS: 4720 Loch Lomond Dr  
CITY/ST/ZIP: Carmichael, CA 95608

*RPTT: 3.90*  
WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: Gina & Paul Bradford  
ADDRESS: P.O. Box 345  
CITY/ST/ZIP: Bayfield, CO 81122



LISA HOEHNE, CLERK RECORDER

## SPECIAL WARRANTY DEED

*SALE PRICE*  
*#503 -*

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:

Gina G. Bradford and or Paul K Bradford

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

Eureka County, Nevada

Nevelco Inc. # 2

T29N, R48E Section 15, Block W, Lot 11

Witness Whereof, my hand has been set on

JUNE 17, 2019

Signature in line above

Print on line above

Signature on line above

Print on line above

State of California, County of HN

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

day of HN

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

Signature

(seal)

*\*Please See attached  
CA Acknowledgement  
form for CA Notary Public.*

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 6-17-19 before me, Hailey Van Wagner Notary Public  
(Here insert name and title of the officer)

personally appeared Michael Kincaid,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) (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.

Hailey Van Wagner  
Notary Public Signature (Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Special Warranty  
(Title or description of attached document)

Deed  
(Title or description of attached document continued)

Number of Pages 1 Document Date none

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

a) 003-243-03  
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 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

\$ 503.00

( \_\_\_\_\_ )

\$ \_\_\_\_\_

\$ 3.90

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

BRADFORD

Signature

KINCADIE TR.

Capacity Grantor

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Name: Michael Kincade, TR

Address: 4720 Loch Lomond Dr

City: Carmichael

State: CA Zip 95608

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Gina & Paul Bradford

P.O. Box 345

Bayfield, CO 81122

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)