

EUREKA COUNTY, NV
LAND-WAD
RPTT: \$15.60 Rec: \$37.00
Total: \$52.60

2020-240337
03/20/2020 03:56 PM
Pgs=2

CAROL DAVENPORT



00007454202002403370020025

LISA HOEHNE, CLERK RECORDER

ASSESSOR PARCEL NO. 005-410-32

NOTE: Deed prepared by Grantor below.

NAME: Carol Davenport

ADDRESS: 5906 Ramsgate Pl

CITY/ST/ZIP: Plant City, FL 33567

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
\$4,000-

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

Carol G. Davenport

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

T29N, R48E, SEC. 35 NE4SE4

APN#: 005-410-32

Witness Whereof, my hand has been set on March 14, 2020

X Carol G. Davenport
Signature in line above

Signature on line above

X CAROL G. DAVENPORT
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)

PARIS BOND
NOTARY PUBLIC - STATE OF OHIO
Recorded in Cuyahoga County
My commission expires Aug. 10, 2021

3/14/2020

Paris Bond

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 005-410-32
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 \$ 4,000
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due \$ 15.60

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 MIKE KULADE

Signature CAROL DAVENPORT Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Name DAVENPORT, CAROL
Address 9906 KINGS GATE PK
City PLANT CITY
State FL Zip 33567

BUYER (GRANTEE) INFORMATION
(REQUIRED)

MIKE KULADE JR
4720 LAUREL LANE
CARMICHAEL CA 92608

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)