

EUREKA COUNTY, NV  
LAND-WAD  
RPTT:\$9.75 Rec:\$37.00  
Total:\$46.75

2020-240436  
05/04/2020 04:18 PM  
Pgs=2

ASSESSOR PARCEL NO. 005-210-02  
NOTE: Deed prepared by Grantor below.  
NAME: Clifford & Nancy Pearce  
ADDRESS: 111 Fairway Ave  
CITY/ST/ZIP: Thayne, WY 83127

CLIFFORD AND NANCY PEARCE



00007572202002404360020022

LISA HOEHNE, CLERK RECORDER

*RPT: 90*  
WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: Cole A. Kincade  
ADDRESS: 4720 Loch Lomond DR  
CITY/ST/ZIP: Carmichael, CA 95608

## SPECIAL WARRANTY DEED

*SALE PRICE*  
*\$2200*

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

Clifford Pearce and Nancy Pearce, Husband and wife

Does convey and specially warrants to:

Cole A. Kincade

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

Eureka County, Nevada

T30N, R48E SEC. 15 S2N2NW4NE4 LESS .85 HWRW

APN# 005-210-02

Witness Whereof, my hand has been set on

April 27

, 2020

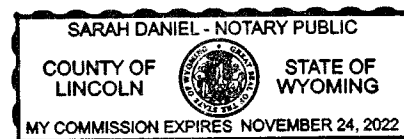
Clifford Pearce  
Signature on line above

Nancy Pearce  
Signature on line above

Clifford Pearce  
Print on line above

NANCY PEARCE  
Print on line above

Wyoming  
State of ~~California~~ County of Lincoln  
Subscribed and sworn to (or affirmed) before me on this  
27 day of April, 2020 by  
Clifford Pearce and Nancy Pearce  
proved to me on the basis of satisfactory evidence to be  
the person(s) who appeared before me.  
Signature [Signature] (seal)



# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 005-21002  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#:

Book:

Page:

Date of Recording:

Notes:

## 2. Type of Property:

- |                             |              |                             |                 |
|-----------------------------|--------------|-----------------------------|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/> | Apt. Bldg.   | f) <input type="checkbox"/> | Comm'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/> | Other        |                             |                 |

## 3. Total Value/Sales Price of Property:

\$ 2200

Real Property Transfer Tax Due:

(Tax is computed at \$1.95 per \$500 value)

\$ 975

## 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 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 CLIFF PEARCE Capacity GRANTOR  
Signature COLE KINKADE Capacity GRANTEE

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: CLIFF PEARCE  
Address: 111 FAIRWAY AVE  
City: WILLOW  
State: WY Zip: 83122

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: COLE KINKADE  
Address: 4720 LOCK LOMAX  
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)