

# QUIT CLAIM DEED

APN: 003-225-07

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: **Michael Kincade**  
Address: **4720 Loch Lomond Dr.**  
City/State/Zip: **Carmichael, CA 95608**

EUREKA COUNTY, NV  
LAND-QTD  
RPTT:\$1.95 Rec:\$37.00  
Total:\$38.95

**2020-241879**  
**09/08/2020 10:51 AM**  
Pgs=2

MICHAEL KINCADE



00009121202002418790020024

LISA HOEHNE, CLERK RECORDER

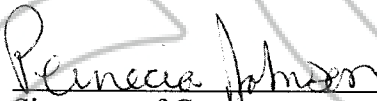
THIS INDENTURE WITNESS That the GRANTOR(S): **EUREKA COUNTY**  
**TREASURER, TRUSTEE, (Lillehaug, Crystal)** for and in consideration of **Three hundred Six**  
**Dollars and seventy-six cents\*\*\*\* (\$306.76)** do hereby QUIT CLAIM the right, title and interest, if  
any, which GRANTOR(S) may have in all that real property, the receipt of which is hereby  
acknowledged, to the GRANTEE(S): **Michael Kincade Trustee of the Michael Kincade Revocable**  
**Trust of 2014** whose address is (if applicable): **4720 Loch Lomond Dr.** situate in the Town of  
**Carmichael**, State of **California**.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**NEVELCO INC. #2, T29N,R48E SEC. 15, Block M, Lot 1**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on


**September 8, 2020.**

  
\_\_\_\_\_  
Signature of Grantor

STATE OF NEVADA     )  
                                  )  
COUNTY OF EUREKA    )

This instrument was acknowledged before me on (date) **8<sup>th</sup> day of September, 2020.**

By (person(s) appearing before notary public) **Pernecia Johnson**

  
\_\_\_\_\_  
Notary Public  
My Commission expires: **March 12, 2021**  
(Notary Stamp)

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) 003-225-07  
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  
i) ☐ 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: \$ \$300.00

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 Pernecia Johnson Capacity Treasurer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: Pernecia Johnson  
Address: PO Box 677  
City: Eureka  
State: NV Zip: 89316

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Michael Kincade Revocable Trust  
Address: 4720 Loch Lomond Dr.  
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/MICROFILMED)