

QUIT CLAIM DEED

APN: 003-255-02

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

2020-241880
09/08/2020 10:51 AM
Pgs=2

MICHAEL KINCADE



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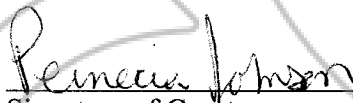
LISA HOEHNE, CLERK RECORDER

THIS INDENTURE WITNESS That the GRANTOR(S): **EUREKA COUNTY**
TREASURER, TRUSTEE, (Khachatrian, Armen & Narine) for and in consideration of **Three**
Hundred Ten Dollars and no cents** (\$310.00)** 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 DD, Lot 2

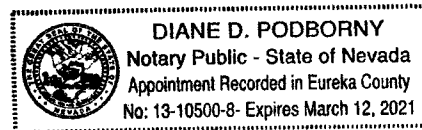
Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on
September 8, 2020.


Signature of Grantor

STATE OF NEVADA)
)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) **8th day of September, 2020.**
By (person(s) appearing before notary public) **Pernecia Johnson**


Notary Public
My Commission expires: **March 12, 2021**



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) 003-255-02
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: _____

\$ _____
(_____
\$ \$354.00
\$ \$1.95

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

Signature _____

Capacity Treasurer

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

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)