

# QUIT CLAIM DEED

APN: 005-460-37

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:\$7.80 Rec:\$37.00  
Total:\$44.80

2021-244736  
05/10/2021 09:13 AM  
Pgs=2

MICHAEL KINCADE



00012159202102447360020021

LISA HOEHNE, CLERK RECORDER

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, ( CATTLEMEN'S TITLE GUARANTEE CO.) for and in  
consideration of One Thousand Five Hundred Fifty One Dollars and fifty cents\*\*\*\* (\$1551.50)  
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:  
**T29N,R48E SEC. 25 SW4NE4NW4**

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 May 10, 2021.

Pernecia Johnson  
Signature of Grantor

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) May 10, 2021  
By (person(s) appearing before notary public) Pernecia Johnson

Diane D. Podborny  
Notary Public  
My Commission expires: December 31, 2024



(Notary Stamp)

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) 005-460-37  
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:

\$ \_\_\_\_\_  
( \_\_\_\_\_  
\$ \$1,766.00  
\$ \$7.80

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, Treasurer

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)