ASSESSOR PARCEL NO. 005-650-21 NOTE: Deed prepared by Grantor below. NAME: Roger L. Bay & Lori C. Wells

ADDRESS: P.O. Box 1319

CITY/ST/ZIP: Roque River, OR 97537

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 EUREKA COUNTY, NV LAND-WAD RPTT:\$35.10 Rec:\$37.00 2021-246350 09/13/2021 01:10 PM

Pgs=2

MICHAEL KINCADE

Total:\$72.10



LISA HOEHNE, CLERK RECORDER

## SPECIAL WARRANTY DEED

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

Roger L. Bay and Lori C. Wells

Does conveys and specially warrants to:

Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014

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

Eureka County, Nevada

The W 1/2 of The NW 1/4 of Township 28 North, Range 51 East, Section 13

Witness Whereof, my hand has been set on 3, 20

Signature in line above

Signature on line above

Print on line above

Print on line above

State of California, County of JACKSON
Subscribed and sworn to (or affirmed) before me on this

day of Seft, 2021 by

ROSEL Bay 4 COLL WELLS Bay

proved to me on the basis of satisfactory evidence to be the person(spwho appeared before me. 10

Signature Chlay & Remille (seal)



STATE OF NEVADA	$\wedge$
DECLARATION OF VALUE FORM	
1. Assessor Parcel Number(s)	\ \
a) 005-650-21	\ \
b)	\ \
c) d)	\ \
2. Type of Property:	
	s. FOR RECORDER'S OPTIONAL USE ONLY
' queent ' limited ' '	
/    /    /	Book: Page: Date of Recording:
	Notes:
g) Agricultural h) Mobile Home Other	Notes.
3. Total Value/Sales Price of Property	- \$ 9.000
Deed in Lieu of Foreclosure Only (value of property	
Transfer Tax Value:	\$ -10
Real Property Transfer Tax Due	27
4. If Exemption Claimed:	*-92
a. Transfer Tax Exemption per NRS 375.090, S	ection
b. Explain Reason for Exemption:	oction
o. Explain Reason for Exemption.	
5. Partial Interest: Percentage being transferred:	00%
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 of	
due plus interest at 1% per month. Pursuant to NRS	
jointly and severally liable for any additional amount owed.	
Signature	Capacity
Signature 4	Capacity Clotoloc
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(BEQUIRED)
Print Name: Polar & Bray + loz well)	Print Name: Northern Know 475
	Address: 4720 local longer De
	City AZMICHAEL
State: 07 Zip: 9-53	State: <u>4</u> Zip: 9.7688
COMPANY/PERSON REQUESTING RECORD	
	Escrow #:
Address:	
City:	State: Zip:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED