ASSESSOR PARCEL NO. 005-650-21 NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade Tr ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

NAME: James R. Vavrin

ADDRESS: 4401 Little Rd Ste 550-323 CITY/ST/ZIP: Arlington, TX 76016

**EUREKA COUNTY, NV** 

LAND-WAD RPTT:\$70.20 Rec:\$37.00 Total:\$107.20

2021-246357 09/15/2021 01:28 PM

Pgs=3

MICHAEL KINCADE



LISA HOEHNE, CLERK RECORDER

## SPECIAL WARRANTY DEED

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

Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014

Does conveys and specially warrants to:

James Randali Vavrin a Single Man

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

Eureka County, Nevada

| The W1/2 of the NW1/4 of Township 28 North, Range 51     | East, Sec 13, M.D.B. & M. |
|--|---------------------------|
| . APN# 005-650-21  |                           |
| Witness Whereof, my hand has been set on                 | 7 / 4,20 4                |
| ENTO   |                           |
| Signature for time above                                 | Signature on line above   |
| Print on line above                                      | Print on line above       |
| State of California, County of                           |                           |
| Subscribed and sworn to (or affirmed) before me on this  |                           |
| day.of, by   |                           |
| proved to me on the basis of satisfactory evidence to be |                           |
| the person(s) who appeared before me.  Signature (seal)  |                           |
|  |                           |

X-Please see a Hached CA Notary document.

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

| f  |   |
|--|---|
| On Siplimber 14th 2021 before me, A                          | Crandra P. Mitchell, Neface Public,   |
| personally appeared Michael                                  |   |
|  | ctory evidence to be the person(s) whose  |
| name of is are subscribed to the within in                   |   |
| he/she/they executed the same in his/he                      | 7/their authorized capacity(les), and that by   |
|  | nt the person(s), or the entity upon behalf of  |
| which the person(s) acted, executed the                      | instrument.   |
| , , , ,  |   |
| L. W. DEMALTY OF DED HIDV                                    |   |
|  | under the laws of the State of California that  |
| the foregoing paragraph is true and corr                     | ect.  |
|  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| WITNESS my hand and official seal.                           | ALEXANDRA R. MITCHELL<br>COMM. # 2367149  |
|  | OLA SEMINOTARY PUBLIC - CALIFORNIA V  |
| May The  | SACRAMENTO COUNTY COMM. EXPIRES JULY 22, 2025   |
| Notary Public Signature (Not                                 | ary Public Seal)  |
| •  |   |
| ADDITIONAL OPTIONAL INFORMATION                              | ON INSTRUCTIONS FOR COMPLETING THIS   |
| DESCRIPTION OF THE ATTACHED DOCUMENT                         | This form complies with current California statutes regarding not<br>if moded, should be completed and attached to the document. Acki                   |
|  | from other states may be completed for documents being sent to the<br>as the wording does not require the California notary to violate Co               |
| Special Warrants (Ittle or description of attached document) | law   |
|  | <ul> <li>State and County information must be the State and County wh<br/>signer(s) personally appeared before the notary public for acknow</li> </ul>  |
| Dund document curtinued)                                     | <ul> <li>Date of notanization must be the date that the signer(s) personall</li> </ul>  |
|  | <ul> <li>must also be the same date the acknowledgment is completed</li> <li>The notary public must print his or her name as it appears:</li> </ul>     |
| Number of Pages Document Date 9/14/2(                        | commission followed by a comma and then your title (notary pu   |
|  | <ul> <li>Print the name(s) of document signer(s) who personally apper<br/>notarization</li> </ul>   |
| CAPACITY CLAIMED BY THE SIGNER                               | <ul> <li>indicate the correct singular or plural forms by crossing off me</li> </ul>  |
| ☐ Individual (s)   | he she thoy, is /are ) or circling the correct forms. Ladure to com-<br>information may lead to rejection of document recording.                        |
| ☐ Corporate Officer  | <ul> <li>The notary seal impression must be clear and photographic.</li> <li>Impression must not cover text or large. It seal impression smi</li> </ul> |
| (Title)  | sufficient area permits, otherwise complete a different acknowled   |
| ☐ Partner(s)   | <ul> <li>Signature of the notary public must match the signature on file<br/>the county clerk</li> </ul>  |
| ☐ Attorney-in-Fact   | <ul> <li>Additional information is not required but could be</li> </ul>   |
| Trustee(s)   | acknowledgment is not misused or attached to a differer  Indicate title or type of attached document number of p  |
| Other  | <ul> <li>Indicate the capacity claimed by the signer. If the claid<br/>corporate officer indicate the title (i.e. CLO, CFO, Secr.</li> </ul>            |
| 20 to a lower endaged months of Asset                        | Securely attach this document to the signed document with a state.  |
|  |   |

State of California

County of Sacramento

| مممد | ^^^^^                       |
|------|-----------------------------|
| - 49 | ALEXANDRA R. MITCHELL       |
| OF   | COMM. # 2367149             |
|      | NOTARY PUBLIC - CALIFORNIA  |
| 5863 | SACRAMENTO COUNTY           |
|      | COMM. EXPIRES JULY 22, 2025 |

## INSTRUCTIONS FOR COMPLETING THIS FORM

N This form complies with current California standes regarding notary wording and if meded, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notion to violate California notion

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed
- . The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public)
- . Print the name(s) of document signer(s) who personally appear at the time of
- · Indicate the correct singular or planal forms by crossing off incorrect forms (i.e., he she thoy, is lare ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording
- · The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. It seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form
- Signature of the notary public must match the signature on file with the office of the county clerk
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer indicate the title (i.e. CLO, CFO, Secretary)
- Securely attach this document to the signed document with a staple

| STATE OF NEVADA   | $\wedge$   |  |
|---|--|--|
| DECLARATION OF VALUE FORM   |  |  |
| 1. Assessor Parcel Number(s)  | \ \  |  |
| a) 005-(050-21  | \ \  |  |
| b)  | \ \  |  |
| c)  | \ \  |  |
| d)  |  |  |
| 2. Type of Property:  a) Vacant Land b) Single Fam. Res.                                    | FOR RECORDER'S OPTIONAL USE ONLY                   |  |
| / James   | Book: Page:  |  |
|   | Date of Recording:                                 |  |
|   |  |  |
| g) Agricultural h) Mobile Home  | Notes:   |  |
| OtherOther  | \$ 18,000 -  |  |
| 3. Total Value/Sales Price of Property Deed in Lieu of Foreclosure Only (value of property) |  |  |
| Transfer Tax Value:   | \$ = 20  |  |
|   | \$ 70  |  |
| Real Property Transfer Tax Due  4. If Exemption Claimed:                                    | * 1/9  |  |
| a. Transfer Tax Exemption per NRS 375.090, Sec  | ition  |  |
| b. Explain Reason for Exemption:  | CHOIL  |  |
| b. Explain Reason for Exemption.  |  |  |
| 5. Partial Interest: Percentage being transferred: 15                                       | 27 %   |  |
| The undersigned declares and acknowledges, u  | nder penalty of periury pursuant to                |  |
| NRS 375.060 and NRS 375.110, that the information p   | provided is correct to the hest of their           |  |
| information and belief, and can be supported by docum                                       | pentation if called upon to substantiate the       |  |
| information provided herein. Furthermore, the parties                                       | agree that disallowence of any claimed             |  |
| exemption, or other determination of additional tax due                                     | agree that disanowance of any claimed              |  |
| due plus interest at 1% per month. Pursuant to NRS 33                                       |  |  |
| jointly and severally liable for any additional amount of                                   |  |  |
| Jointly and severally habie for any additional amount of                                    |  |  |
| Signature   | Capacity OLANTOR                                   |  |
| Signature   | Capacity (27-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |  |
| Signature   | Capacity   |  |
| Signature   | Cupacity   |  |
| SELLER (GRANTOR) INFORMATION B  | UYER (GRANTEE) INFORMATION                         |  |
|   |  |  |
| Print Name: My Hart Live Pr   | int Name: TANKER IAJEIN                            |  |
| Address: 4720 (orthonor) A  | ddress: 449 11115 RD 518 550-32                    |  |
|   | ity: APLINOTON                                     |  |
|   | ate: Zip: VoCV                                     |  |
| During Colors   |  |  |
| COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)                       |  |  |
| Print Name: Es  | scrow #:   |  |
| Address:  |  |  |
|   | ate: Zip:  |  |

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED