

ASSESSOR PARCEL NO. 005-130-28
NOTE: Deed prepared by Grantor below.
NAME: Michael Kincade
ADDRESS: 4720 Loch Lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608

2 PT: 42.90
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Paisley Mares
ADDRESS: 3450 Erva Street P103
CITY/ST/ZIP: Las Vegas, NV 89117

EUREKA COUNTY, NV
LAND-WAD
RPTT: \$42.90 Rec: \$37.00
Total: \$79.90
MICHAEL KINCADE

2022-248091
05/31/2022 01:33 PM
Pgs=4



00015798202202480910040040
KATHERINE J. BOWLING, CLERK RECORDER

SPECIAL WARRANTY DEED

SALE PRICE
\$11,000 -

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 convey and specially warrants to:

Paisley Mares and Michelle Mares and Marcus Mares

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

Eureka County, Nevada

See Attached Exhibit "A"

Witness Whereof, my hand has been set on May 26, 20 22

[Signature]
Signature in line above

[Signature]
Signature on line above

[Signature]
Print on line above

[Signature]
Print on line above

State of California, County of _____
Subscribed and sworn to (or affirmed) before me on this
_____ day of May, _____ by
_____ proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.
Signature _____ (seal)

Please see attached
document for correct
CA Notary. (CM)

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.

State of California }

County of Sacramento }

On May 24, 2022 before me, C. Marks, Notary Public
(Here insert name and title of the officer)

personally appeared Michael Kincade
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

C. Marks
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Special Warranty Deed
(Title or description of attached document)

APN: 005-130-28
(Title or description of attached document continued)

Number of Pages 1 Document Date None

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, 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 notary to violate California notary law.

- 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 notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) 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. If 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. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

Exhibit "A"

APN# 005-130-28

44.180 Acres more or less SW 1/4 NW ¼, Section 31, Township 31N, Range 50E

Subject to the following:

- 1). Covenants, conditions, restrictions, reservations easements, rights of way of record affecting said property.
- 2). Reserving therefrom an easement of thirty (30) feet in width along all exterior boundaries for Ingress and egress.
- 3) Including 50% of all remaining rights to any and all oil/gas mineral and products derived therefrom within or underlying said land

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)

a) 005-130-28
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
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

\$ 11,000
\$ _____
\$ 47.90
\$ _____

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.375.080 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

Signature

Capacity

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Name: NICHOLAS VUADIE
Address: 4730 LAKE LAMOND
City: CARNEGIE
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Name: RAISLEY HARE
Address: 3450 EDNA ST P 103
City: LAS VEGAS NV Zip: 89117

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name:

Address:

City:

Escrow #

State:

Zip:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)