

EUREKA COUNTY, NV
LAND-WAD
RPTT:\$35.10 Rec:\$37.00
Total:\$72.10
MICHAEL KINCADE

2022-248760
09/15/2022 02:20 PM
Pgs=3

ASSESSOR PARCEL NO. 005-170-08
NOTE: Deed prepared by Grantor below.
NAME: Michael Kincade
ADDRESS: 4720 Loch Lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Wesley Smith
ADDRESS: 8207 Mercedes Ave
CITY/ST/ZIP: Winton, CA 95388-0037



00016506202202487600030034

KATHERINE J. BOWLING, CLERK RECORDER

SPECIAL WARRANTY DEED

SALE PRICE
\$ 9,000 -

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:

Wesley Smith

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

Eureka County, Nevada

Township 30 North, Range 48 East Section. 1, Lot 1., M.D.B. & M.

Apn# 005-170-08

Witness Whereof, my hand has been set on SEPT 13, 2022

[Handwritten Signature]

Signature in line above

Signature on line above

MICHAEL KINCADE, TR

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 _____

_____ day of _____ 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.

[Handwritten Signature]

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 Sept. 13, 2022 before me, C. Marks, Notary Public,
(Here insert name and title of the officer)
 personally appeared Michael Kincaide
 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: 005-170-08
(Title or description of attached document continued)
 Number of Pages 1 Document Date _____

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.

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-170-08
- b) _____
- c) _____
- d) _____

| FOR RECORDERS OPTIONAL USE ONLY | |
|---------------------------------|-------------|
| Document/Instrument#: | _____ |
| Book: _____ | Page: _____ |
| Date of Recording: | _____ |
| Notes: | _____ |

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm/Wind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

\$ 9,000 -

Real Property Transfer Tax Due:
(Tax is computed at \$1.95 per \$500 value)

\$ 35¹⁰

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 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 GRANTOR
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Michael Viorade
 Address: 4720 Lockwood
 City: CARMICHAEL
 State: CA Zip: 95608

(REQUIRED)
 Print Name: Wesley Smith
 Address: 8207 Mercedes Ave
 City: WINTON
 State: CA Zip: 95288-0037

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____