ASSESSOR PARCEL NO. 005-460-37 NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade

ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Sacramento, CA 95608

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

NAME: Mark Darnell ADDRESS: P.O. Box 2331

Signature

CITY/ST/ZIP: North Highlands, CA 95660

EUREKA COUNTY, NV

LAND-WAD RPTT:\$31.20 Rec:\$37.00 Total:\$68.20

2022-249124 12/15/2022 01:40 PM

Pgs=3

MICHAEL KINCADE



KATHERINE J. BOWLING, 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: Mark Darnell Grantee, the following described real property free of encumberances created by the Grantor, situated in: Eureka County, Nevada Township 29 North, Range 48 East Sec. 25 SW4NE4NW4 . Apn# 005-460-37 Witness Whereof, my hand has been set on Signature on line above Print on line above Print on line above State of California, County of Subscribed and sworn to (or a winned) 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.

(seal)

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 LUTOVMA	}
County of Sawamento	
On Dec.13, 2022 before me,	Marks Notary Public
personally appeared Many who proved to me on the basis of satisfa	actory evidence to be the person(s) whose
name(s) is/are subscribed to the within in	nstrument and acknowledged to me that
•	er/their authorized capacity(ies), and that by ent 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 corr	ect.
WITNESS my hand and official seal.	C. MARKS > COMM. # 2863423 NOTAMPHILLE **CALIFORM** **EXAMPLE **CALIFORM** *
A has INC	SACRAMENTO COUNTY Comm. Exp. FEB. 8, 2026
Notary Poblic Signature (Not	tary Public Seal)
	INSTRUCTIONS FOR COMPLETING THIS
DESCRIPTION OF THE ATTACHED DOCUMENT	ON This form complies with current California statutes regarding note if needed, should be completed and attached to the document. Ackn
Experient II haventy	from other states may be completed for documents being sent to the as the wording does not require the California notary to violate Ca
Title br description of attached document)	 State and County information must be the State and County who signer(s) personally appeared before the notary public for acknown.
(Title or description of attached document continued)	Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.
Number of Pages Document Date NOVL	 The notary public must print his or her name as it appears v commission followed by a comma and then your title (notary public).
CARACITY OF AIMED BY THE CICALED	 Print the name(s) of document signer(s) who personally appear notarization. Indicate the correct singular or plural forms by crossing off inc
CAPACITY CLAIMED BY THE SIGNER Individual (s)	he/she/they, is /are) or circling the correct forms. Failure to correinformation may lead to rejection of document recording.
☐ Corporate Officer	 The notary seal impression must be clear and photographical Impression must not cover text or lines. If seal impression smu
(Title) □ Partner(s)	sufficient area permits, otherwise complete a different acknowled Signature of the notary public must match the signature on file
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could hel acknowledgment is not misused or attached to a differen
☐ Trustee(s) ☐ Other	 Indicate title or type of attached document, number of page 1. Indicate the capacity claimed by the signer. If the claim
	corporate officer, indicate the title (i.e. CFO, CFO, Secre

2015 Version www.NotaryClasses.com 800-873-9865

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

- · 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

Document/entimenters Document/entimenters Documentation Pages Date of Recording: Notes:	1. Assessor <u>P</u> arcel Number (s	-1	-	FOR RECORDERS OF I IONAL	USE ONLT
Date of Recording: Notes: Date of Recording: Notes:		. <u></u>		Document/Instrument#:	
2. Type of Property: a)	9	~			e:
2. Type of Property: a)				1	
2. Type of Property: a) (Vacant Land b) 24 Piex a) (Apt. Bid. 1) Control Media Home 3. Total Value/Sales Price of Property: Real Property Transfer Tax Due: (Tax is computed at\$1.95 per \$500 value) 4. If Exemption Claimed: a Transfer Tax Exemption, per NRS 375.090, Section: b. Explain Reason for Exemption: 5. Partial Interest: Percentage being transferred:	· · · · · · · · · · · · · · · · · · ·			Notes:	
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(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)