

EUREKA COUNTY, NV  
LAND-WAD  
RPTT:\$97.50 Rec:\$37.00  
Total:\$134.50  
MICHAEL KINCADE

2024-251623  
01/12/2024 02:18 PM  
Pgs=3

ASSESSOR PARCEL NO. 005-340-08  
NOTE: Deed prepared by Grantor below.  
NAME: Michael Kincade  
ADDRESS: 4720 Loch Lomond Dr  
CITY/ST/ZIP: Carmichael, CA 95608

*RPT: 97.50*  
WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: MeChelle Nichols  
ADDRESS: 12000 LS Trail  
CITY/ST/ZIP: Amarillo, TX 79118



00019588202402516230030031  
KATHERINE J. BOWLING, CLERK RECORDER

### SPECIAL WARRANTY DEED

*SALE PRICE  
\$ 25,000*

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:

MeChelle Nichols

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

Eureka County, Nevada

T30N, R50E, SEC. 29; S2NE4; NW4NE4

Witness Whereof, my hand has been set on

*Jan 10 24*

*[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

proved to me on the basis of satisfactory evidence to be  
the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)

SEE CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT.  
*[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 }

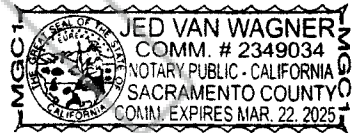
On 01/10/2024 before me, JED VAN WAGNER, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared MICHAEL KINCANE,  
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.

Jed Van Wagner  
Notary Public Signature (Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
WARRANTY  
SPECIAL WARRANTY DEED  
(Title or description of attached document)

(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.

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 005-340-05  
 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'/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

\$ 925,000  
 \$ \_\_\_\_\_  
 \$ 917.50  
 \$ \_\_\_\_\_

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 375.030 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 [Signature] Capacity [Signature]

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)  
 Name: MICHAEL KINCADE  
 Address: 1729 10th Avenue  
 City: CAROLINE  
 State: CA Zip: 95608

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)  
 Name: Michelle Nichols  
 Address: 12000 19th Trail  
 City: ANN ARBOR, MI  
 Zip: 48118

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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