

# QUIT CLAIM DEED

APN: 002-027-28

EUREKA COUNTY, NV  
LAND-QTD  
RPTT:\$13.65 Rec:\$37.00  
Total:\$50.65  
MICHAEL KINCADE

**2024-251986**  
**05/07/2024 02:27 PM**  
Pgs=2

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: MICHAEL KINCADE  
Address: 4720 LOCH LOMOND DRIVE  
City/State/Zip: CARMICHAEL, CA 95608



00020011202402519860020020

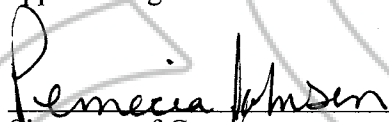
KATHERINE J. BOWLING, CLERK RECORDER

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY  
TREASURER, TRUSTEE, (MOSSI, JAY & ALEXANDRA P.) for and in consideration of SIX  
THOUSAND SIX HUNDRED NINETY SIX DOLLARS (\$6696.00) do hereby QUIT CLAIM the  
right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of  
which is hereby acknowledged, to the GRANTEE(S): MICHAEL KINCADE TRUSTEE OF THE  
MICHAEL KINCADE REVOCABLE TRUST OF 2014 whose address is : 4720 LOCH  
LOMOND DRIVE, situate in the Town of CARMICHAEL, State of CALIFORNIA.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

**CVR&FU#1, Block 2, Lots 1 & 2**  
**181 FIRST STREET**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way  
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on May 7, 2024.

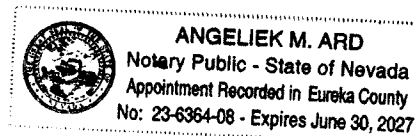
  
\_\_\_\_\_  
Signature of Grantor

STATE OF NEVADA     )  
                                  )  
COUNTY OF EUREKA    )

This instrument was acknowledged before me on (date) 05/07/24  
By (person(s) appearing before notary public) Pernecia Johnson

  
\_\_\_\_\_  
Notary Public

My Commission expires: JUNE 30, 2027



(Notary Stamp)

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessors Parcel Number(s)

- a) 002-027-28  
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  
i) ☐ 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:

\$ \_\_\_\_\_  
( \_\_\_\_\_  
\$ \$3,409.00  
\$ \$13.65

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section # \_\_\_\_\_

b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 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 Pernecia Johnson  
Signature \_\_\_\_\_

Capacity EUREKA CO. TREASURER  
Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: PERNECIA JOHNSON  
Address: 10 S. MAIN STREET  
City: EUREKA  
State: NEVADA Zip: 89316

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: MICHAEL N. KINCADE  
Address: 4720 LOCH LAMOND DRIVE  
City: CARMICHAEL,  
State: CA Zip: 95608

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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