



KAREN ELLISON, RECORDER

ASSESSOR PARCEL No. 1021-00-061-027

NOTE: Deed prepared by Grantor below.
NAME: ROBERT O & LINDA SUE DIMMICK
ADDRESS: 609 BOULETT'S DRIVE
CITY/STATE/ZIP: CARSON CITY NEVADA 89703

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: MIKE KINCROS
ADDRESS: 4720 LUCH LOMOND DRIVE
CITY/STATE/ZIP: CARMICHAEL CALIF. 95608

GRANT DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are:

ROBERT O. & LINDA SUE DIMMICK

Does convey and specially warrants to:

MIKE KINCROS

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

ALL THAT CERTAIN REAL PROPERTY ^{CITY} IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:
NE 1/4 OF THE NE 1/4 OF SECTION 11, TOWNSHIP 10 NORTH, RANGE 21 EAST,
MOUNT DIABLO BASE MERIDIAN, NEVADA, AS PER U.S. PLAT OF SURVEY.

Witness Whereof, my hand has been set on JUNE 20 2017

Signature on line above

ROBERT O. DIMMICK
Print on line above

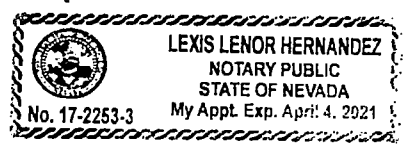
Signature on line above

LINDA SUE DIMMICK
Print on line above

On June 19th 2017 By

Witness my hand and official seal

Notary Public in and for said County and State



My commission expires on: 4/4/2022

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1021-06-001-027
 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	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 5060⁰⁰
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 5000⁰⁰
 Real Property Transfer Tax Due: \$ 19.56

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 Robert B. Dimmick Capacity OWNER

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: ROBERT B. DIMMICK
 Address: 609 BULWYLL DRIVE
 City: CARSON CITY
 State: NEVADA Zip: 89703

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: MIKS KINCARD
 Address: 4720 LOCH COMOND DRIVE
 City: CARMICHAEL
 State: CALIF. 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)