



KAREN ELLISON, RECORDER

ASSESSOR PARCEL NO. 1021-00-001-027
NOTE: Deed prepared by Grantor below.
NAME: Mike Kincade
ADDRESS: 4720 Loch Lomond Dr
CITY/ST/ZIP: Carmichael, CA 95608
RPTT: 58.50
WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Cesar A. Gutierrez
ADDRESS: 2858 Evergreen Ct
CITY/ST/ZIP: Livingston, CA 95334

SPECIAL WARRANTY DEED SALE PRICE \$15,000.00

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

Mike Kincade

Does convey and specially warrants to:

Cesar A. Gutierrez

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

All that certain real property situate in the County of Douglas, State of Nevada,
described as follows: NE1/4 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 23, 2017

Signature in line above

Signature on line above

MIKE KINCADE
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 ACKNOWLEDGEMENT.
June

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 23 JUNE 2017 before me, JED VAN WAGNER, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared MIKE KINCADE
Name(s) of Signer(s)

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.



Signature Jed Van Wagner
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: SPECIAL WARRANTY DEED, Parcel # 1021-00-001-027
Document Date: NONE Number of Pages: 2
Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1021-00-001-027
 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	
Document/Instrument #:	_____
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 15,000 -
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: _____
 Real Property Transfer Tax Due \$ 5850

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 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 CEGAR GUTIERREZ
 Signature MIKE KINCADE Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
 (REQUIRED)
 Name: MIKE KINCADE
 Address: 4720 LOFT LOMOND DR
 City: CARMICHAEL
 State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION
 (REQUIRED)
CEGAR A GUTIERREZ
2838 EVERGREEN CT
LINDSAY, CA 95334

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)