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|----------------------------|----------------------------|
| LINCOLN COUNTY, NV | 2022-162873 |
| \$101.35 | |
| RPTT:\$64.35 Rec:\$37.00 | 08/08/2022 03:33 PM |
| TITLE DEEDS & NEEDS, LLC | Pgs=2 KC |
| OFFICIAL RECORD | |
| AMY ELMER, RECORDER | |

APN NO: 011-110-27
RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS, LLC

WHEN RECORDED MAIL TO and
MAIL TAX STATEMENTS TO:
TRAVIS LEWIS
1149 SOUTH CHRISTY LANE
LAS VEGAS, NV 89142

Affix RPTT: \$64.35
File No. 22-997

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH THAT:

Michael Kincade, Trustee of the Michael Kincade Revocable Trust of 2014

For valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and convey to

Travis Lewis, a single man

all that real property situated in the County of Lincoln, State of Nevada, described as follows:

Parcel One (1) shown by Parcel Map for Luis & Susana Ramallo, recorded December 19, 2007, as Document No. 130702, filed in Book C of Maps, Page 371 of Official Records in the Office of the County Recorder, Lincoln County, Nevada.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging to in anywise appertaining.

SUBJECT TO:

1. General and special taxes for the current fiscal year.
2. Covenants, conditions, restrictions, rights of way, easements and reservations of record.
3. Deed(s) of Trust of Record, if any

GRANTORS' SIGNATURE AND NOTARY ACKNOWLEDGEMENT ATTACHED AS PAGE 2 HEREOF.

WITNESSED this 08 day of AUGUST 2022

MICHAEL KINCADE REVOCABLE TRUST OF 2014

Michael Kincade, Trustee
MICHAEL KINCADE, TRSUTEE

STATE OF NEVADA)

COUNTY OF LINCOLN)

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

On 08/08/2022, before me,

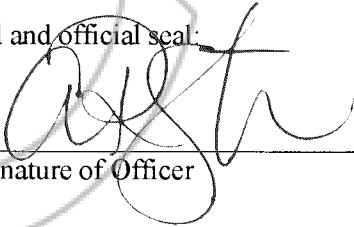
ASHLEY REMINGTON, a Notary Public in and for said State, personally appeared:

Michael Kincade, as Trustee

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 that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Signature: 
Signature of Officer



Notarized online using audio-video communication

STATE OF NEVADA DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 011-110-27
- 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
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY

| | |
|---|-----------------|
| 3. a) Total Value/Sales Price of Property | \$ 16,500.00 |
| b) Deed in Lieu of Foreclosure Only (value of property) | () |
| c) Transfer Tax Value: | \$ 16,500.00 |
| d) Real Property Transfer Tax Due | \$ 64.35 |

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: Michael Kincade Capacity: ////////// GRANTOR (AR)

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Michael Kincade Revocable Trust of 2014
Address: 4720 Loch Lomond Drive
City: Carmichael
State: CA Zip: 95608

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Travis Lewis
Address: 1149 S. Christy Lane
City: Las Vegas
State: NV Zip: 89142

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: **Title Deeds & Needs, LLC**
Address: **PO Box 180**
City, State & Zip: **Pioche, NV 89043**

File No. 22-997

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED