This Document Was Prepared by: Sherry Allsip 1243 Kingston Way Gardnerville, NV 89460

After Recording Please Return to: Hayward D. Allsip and Sherry L. Allsip 1243 Kingston Way Gardnerville, NV 89460 DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

2020-953453 09/28/2020 01:35 PM

HAYWARD & SHERRY ALLSIP

Pgs=3



KAREN ELLISON, RECORDER

E07

Reserved for Recording Purposes Only

QUIT CLAIM DEED

This QUIT CLAIM DEED, made this <u>28</u> day of <u>Deptember</u>, 20<u>0</u>, by

HAYWARD D. ALLSIP AND SHERRY L. ALLSIP, MARRIED, AS JOINT TENANTS WITH

THE RIGHT OF SURVIVORSHIP whose address is 1243 Kingston Way, Gardnerville, NV,

89460, hereinafter called the "Grantor(s)", to THE ALLSIP FAMILY TRUST, whose address is

Trustees: Hayward D. Allsip and Sherry L. Allsip

1243 Kingston Way, Gardnerville, NV, 89460 hereinafter called the "Grantee(s)":

Witnesseth: That the Grantor, for and in consideration of the sum of \$0.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, and quitclaims unto the Grantee(s), all that certain land situated in Douglas County, Nevada, described as follows: (enter legal description of property)

LOT 9 IN BLOCK F, AS SHOWN ON THE AMENDED MAP OF RAHCNOS ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNT, NEVADA, ON OCTOBER 30, 1972 IN BOOK 1072 A PAGE 642 AS DOCUMENT NO. 62493.

PER NRS 111.312 P THE LEGAL DESCPRITION APPEARS PREVIOULSY IN DEED, RECORDED ON RE; 02/21/2020 AS DOCUMENT NO. 2020-942547 IN DOULBAS COUNTY RECORDS, DOUGLAS COUNTY, NEVADA.

PARCEL ID# 1220-16-210-174

Also known as street name and number: 1243 Kingston Way, Gardnerville, NV 89460.



Grantof D. Addy)	Sherry Lalling Grantor
Printed Name	Sherry L Allsip Printed Name
Address (City, State, and ZIP)	1243 Kingston Way Address (City, State, and ZIP)
1954 Phone Number	Phone Number 775 290 2535
IN WITNESS THEREOF,	
Witness	Printed Name
Address (City, State, and ZIP)	Phone Number
[Can be signed by either Witne	ess or Notary Public – per <u>NRS 111.115]</u>
STATE OF NEVADA)	
COUNTY OF DOUGLAS) ss:	
	ledged before me, <u>Christina M. Holomb</u> a
notary public in and for the state of _	Nevada by Hayward & Sharry Albip on
the 28th day of September	
9	
NOTARY PUBLIC	
My commission expires <u>ໄປ (ແໄຈນຣ</u>	CHRISTINA M. HOLCOMB NOTARY PUBLIC STATE OF NEVADA No. 20-9699-05 My Appt. Exp. Oct. 11, 2023

[NOTARY SEAL]

STATE OF NEVADA	
DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	
a) 1220-16-210-174	^
b)	
c)	\ \
d)	\ \
0 T	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Res.	
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOKPAGE
g) Agricultural h) Mobile Home	DATE OF RECORDING:
i) Other	NOTES: Mine Thus -
i) Lu Omoi	
3. Total Value/Sales Price of Property:	S
Deed in Lieu of Foreclosure Only (value of property)	
Transfer Tax Value:	\$
Real Property Transfer Tax Due:	\$
4. If Exemption Claimed:	_ / /
a. Transfer Tax Exemption per NRS 375.090, Sec	etion #
b. Explain Reason for Exemption: Without cons	ideration to a trust
5 Della dell	
5. Partial Interest: Percentage being transferred:	%
m	A STREET OF STREET
The undersigned declares and acknowledges, under per	
375.110, that the information provided is correct to the	
supported by documentation if called upon to substanti	
parties agree that disallowance of any claimed exempti	
result in a penalty of 10% of the tax due plus interest at	1 1% per month.
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly	v and severally liable for any additional amount owed.
Signature / //////////////////////////////////	Capacity Crantor
all Thin	/ / / / / / / / / / / / / / / / / / / /
Signature There & Clare	Capacity Granto
SELLER (GRANTOR) INFORMATION	BUYER (GRANTÉE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: Hayward & Sherry Allsip	Allsin Family Trust
	rint Name: Allsip Family Trust ddress: 1243 Kingstn Way
	ity: Gardnerville
	tate: NV Zip:89460
State. 144 Zip. 05400 Si	Zip.09400
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
	Escrow #
Address:	
City: State:	Zip:
(AS A PUBLIC RECORD THIS FORM MA	AY BE RECORDED/MICROFILMED)