(3)
-1

Inst #: 20151116-0002054
Fees: $18.00 N/C Fee: $0.00
RPTT: $112.20 Ex: #
11/16/2015 02:02:06 PM
Receipt #: 2608350
Requestor:
ASYS LLC
Recorded By: RIVASR Pgs: 3
DEBBIE CONWAY
CLARK COUNTY RECORDER

APN: 162-03-314-007 & 162-03-314-008
Affix R.F.T.T. $_____
WHEN RECORDED MAIL TO &
MAIL TAX STATEMENTS TO:
ASYS LLC
9108 Covered Wagon Drive
Las Vegas, NV 89117

ASSESSOR'S COPY

QUITCLAIIM DEED

THIS INDENTURE WITNESSETH: That

Claire McAllister, sole owner (Grantor), in consideration of $10.00 (ten dollars) and other valuable considerations, the receipt of which is hereby acknowledged, do hereby Quitclaim to:

ASYS LLC, 9108 Covered Wagon Drive, Las Vegas, Nevada 89117

All that real property situated in the County of Clark, State of Nevada, bounded and described as follows, to wit: An undivided 7.95% interest in and to the following described real property situated in the City of Las Vegas, County of Clark, State of Nevada:

Lots Five (5) and Six (6) in Block D of BEVERLY GREEN TRACT NO. 3 as shown by map thereof on file in Book 4 of Plats, Page 20 in the Office of the County Recorder of Clark County, Nevada, together with exclusive right to occupy a certain apartment, known as Apartment No 1, Floor No. 1, located in the building at 1900 Rexford Drive, Las Vegas, Nevada.

Together with all buildings and improvements now or hereafter placed thereon and the rents, Issues, and profits therefrom, together with all and singular the tenements, hereditaments, and appurtenances thereunto.

Together with all buildings and improvements now or hereafter placed thereon and the rents, Issues, and profits therefrom, together with all and singular the tenements, hereditaments, and appurtenances thereunto.

Subject to: Taxes and 1959 Declaration of Restrictions.

Witness my hand(s)
this 16 **day of** NOV **, 2015**

SELLER:
Claire McAllister CM
State of Nevada
County of Clark

GRECIA DIAZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-27-17
Certificate No: 14-12582-1

On this 16 **day of** November **, 2015 appeared before me,**

Grecia Diaz **, a Notary Public, personally known to me, or proven to me to be the Person whose name is subscribed to the above instrument, who acknowledges she executed the**
Instrument for the purpose contained.

ASSESSOR'S COPY

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
   a. 162-03-314-007
   b. 162-03-314-008
   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 RECORDERS OPTIONAL USE ONLY
Book_____ Page:_____
Date of Recording: _____
Notes:

3.a. Total Value/Sales Price of Property $ 22,000
   b. Deed in Lieu of Foreclosure Only (value of property) ( )
   c. Transfer Tax Value: $
   d. Real Property Transfer Tax Due $ 12.20

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 _____ Capacity: GRANTEE

Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	**BUYER (GRANTEE) INFORMATION (REQUIRED)**
Print Name: Claire McAllister	Print Name: ASYS LLC
Address: #1, 1900 Rexford Dr.	Address: 9108-Covered Wagon St.
City: Las Vegas	City: Las Vegas
State: NV Zip: 89104	State: NV Zip: 89117

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

ASSESSOR'S COPY