

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL 23 PM 1:15

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID 38 DEPUTY

A.P.N. 1319-30-712-001
RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

ARM FINANCIAL CORPORATION
P.O. BOX 85309
SAN DIEGO, CA 92186-5309

Space above this line for recorder's use only

Trustee Sale No. 04-02065 Loan No. 302189 Title Order No. -

SUBSTITUTION OF TRUSTEE

WHEREAS, MATTHEW W. JONES AND TINA A. JONES, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, was the original Trustor, STEWART TITLE OF DOUGLAS COUNTY, A NEVADA CORPORATION, was the original Trustee, and RIDGE POINTE LIMITED PARTNERSHIP, A NEVADA LIMITED PARTNERSHIP, DBA SUNTERRA RESORTS-THE RIDGE POINTE, was the original Beneficiary under that certain Deed of Trust dated 12/29/99, Recorded on 01/07/00, Instrument 0483999, Book 0100, Page 0979 of official records in the office of the Recorder of DOUGLAS County, Nevada, and

WHEREAS, SUNTERRA MORTGAGE HOLDINGS, LLC., A DELAWARE LIMITED LIABILITY COMPANY, the undersigned, is the present Beneficiary under said Deed of Trust, and,

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place of and stead of said original Trustee thereunder.

Now, THEREFORE, the undersigned Beneficiary hereby substitutes **ARM FINANCIAL CORPORATION**, P.O. BOX 85309, SAN DIEGO, CA 92186-5309, as Trustee of Said Deed of Trust.

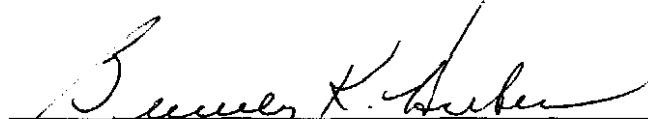
Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number indicates the plural.

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BK0704PG10188

DATE: 7/16/14

**SUNTERRA MORTGAGE HOLDINGS, LLC, A DELAWARE
LIMITED LIABILITY COMPANY**

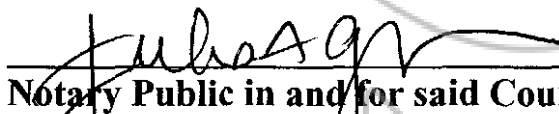


NAME: Beverly K Huber
TITLE: Recovery Officer

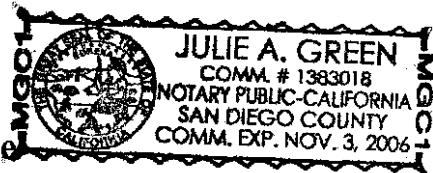
STATE OF: CALIFORNIA
COUNTY OF: SAN DIEGO

On 7/16/14 before me, Julie A Green, a Notary Public in and for said county, personally appeared Beverly K Huber, Recovery Officer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to 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.

WITNESS my hand and official seal.



Notary Public in and for said County and State



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