

25-

OFFICIAL RECORD

Requested By:
JUSTIN CLARK

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 12 Fee: 25.00
BK-1009 PG-4827 RPTT: 3.90



APN: 1319-30-519-013 PH

Recording requested by: Justin
When recorded, mail to:

Name Mr. + Mrs. Justin P. Clark
Address: P.O. Box 7633
City: South Lake Tahoe
State/Zip: CALIFORNIA, 96158

Space above reserved for use by Recorder's Office
Document prepared by:
Name Justin Clark
Address P.O. Box 7633
City/State/Zip SLT, CA 96158

Property Tax Parcel/Account Number:

Quitclaim Deed

This Quitclaim Deed is made on October 1, 2009, between
Roy A. + Bev MAPPS + Tim + Tracy BLANK Grantor, of 110 COPPER GLEN TERRACE
Melanie MAPPS, City of Copperopolis, State of CALIFORNIA 95228
and JENNINE + JUSTIN CLARK Grantee, of P.O. Box 7633
City of South Lake Tahoe, State of CALIFORNIA

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at The Ridge View, Summer Season NV# 50-013-14-D1
City of STATELINE, State of NEVADA

SEE EXHIBIT "A" (Attached)

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.
Taxes for the tax year of 2009 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 10/2/09

Beverly S. Mapp
Signature of Grantor

Beverly S. MAPP
Name of Grantor

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of _____ County of _____

On _____, the Grantor, _____,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature

Notary Public,
In and for the County of _____ State of _____

My commission expires: _____ Seal

Send all tax statements to Grantee.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Sacramento

On Oct 2, 2009 before me, F. Ferreira, a notary public
(Here insert name and title of the officer)

personally appeared Beverly Sue Mapps

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.

F. Ferreira
Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public)
- Print the name(s) of document signer(s) who personally appear at the time of notarization
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they - is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form
- Signature of the notary public must match the signature on file with the office of the county clerk
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document
 - ❖ Indicate title or type of attached document, number of pages and date
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary)
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____



Dated: 10-2-09

Roy A. Mapps
Signature of Grantor

ROY A. MAPPS
Name of Grantor

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of _____ County of _____

On _____, the Grantor, _____,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature

Notary Public,

In and for the County of _____ State of _____

My commission expires: _____ Seal

Send all tax statements to Grantee.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Sacramento

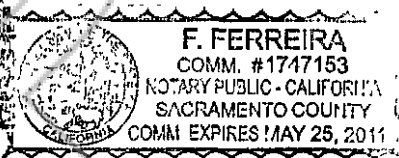
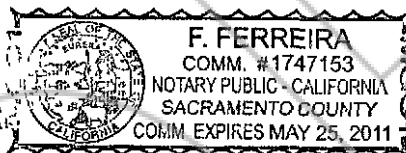
On Oct 2, 2009 before me, F. Ferreira a notary public
(Here insert name and title of the officer)

personally appeared Roy Allen Mapps

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



Ferreira
Signature of Notary Public

(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public)
- Print the name(s) of document signer(s) who personally appear at the time of notarization
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/~~they~~ is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form
- Signature of the notary public must match the signature on file with the office of the county clerk
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document
 - ❖ Indicate title or type of attached document, number of pages and date
 - ❖ indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary)
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

Dated: October 6, 2009



M. Mapps
Signature of Grantor

Melanie Mapps
Name of Grantor

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of California County of Santa Clara

On Oct 06, 2009, the Grantor, Melanie Ann Mapps,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature] Attached CA Notary Certificate
Notary Signature

Notary Public,
In and for the County of _____ State of _____

My commission expires: _____ Seal

Send all tax statements to Grantec.

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

State of California

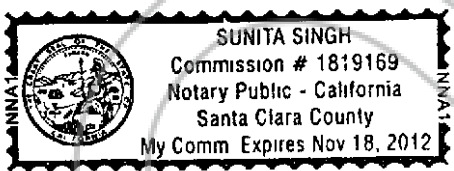
County of Santa Clara

On Oct 06, 2009 before me, Sunita Singh, Notary Public
Date Name and Title of Officer

personally appeared Melanie Ann Mapps

Name 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 of Notary Public

My Commission Expires: Nov 18, 2012

OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Quit claim deed

Document Date: 10/6/09 Number of Pages: - 2 -



Dated: October 3, 2009

Tim A. Blank
Signature of Grantor

Tim A. Blank
Name of Grantor

[Signature]
Signature of Witness #1

Leaie Stith
Printed Name of Witness #1

Bernadette A. Newell
Signature of Witness #2

BERNADETTE A. NEWELL
Printed Name of Witness #2

State of _____ County of _____

On _____, the Grantor, _____,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature

See attached certificate

Notary Public,

In and for the County of _____ State of _____

My commission expires: _____ Seal _____

Send all tax statements to Grantee.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Sacramento }

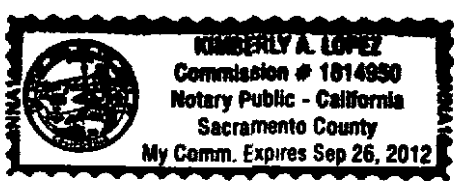
On October 3, 2009 before me, Kimberly A Lopez, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Tim A. Blank
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 Kimberly A Lopez
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document

Description of Attached Document

Title or Type of Document Quitclaim Deed

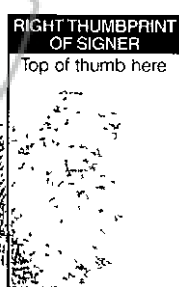
Document Date October 1, 2009 Number of Pages: 3

Signer(s) Other Than Named Above. _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Tim A. Blank

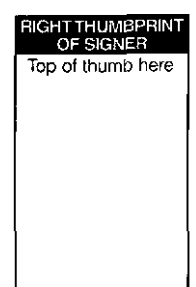
- Individual
- Corporate Officer — Title(s) _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing self

Signer's Name _____

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



Signer Is Representing: _____



Dated: 10/3/09

Mary Beaulieu
Signature of Grantor

Tracy Blank
Name of Grantor

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of _____ County of _____

On _____, the Grantor, _____,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature

Notary Public,
In and for the County of _____ State of _____

My commission expires: _____ Seal

Send all tax statements to Grantee.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

File No: 54911-711223-07 (mb)
APN No: 505-170-49-9

STATE OF California)
COUNTY OF Sacramento)

On 10/5/2009 before me, F. Ferreira, Notary Public, personally appeared

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 [Handwritten Signature]



This area for official notarial seal.

OPTIONAL SECTION
CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

- Individual, Corporate Officer(s) Title(s), Partner(s) Limited, General, Attorney-in-fact, Trustee(s), Guardian/conservator, Other

SIGNER IS REPRESENTING:

Name of Person or Entity

Name of Person or Entity

OPTIONAL SECTION

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

TITLE OR TYPE OF DOCUMENT:

NUMBER OF PAGES DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

EXHIBIT 'B' (50)

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document NO. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Records of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 185, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 013 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "use week" within the "Summer use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN 40-300- 13 .