



Recording Request By:
Chicago Title/Timeshares
After Recording Return to:
THE FIRESIDE REGISTRY
c/o CHICAGO TITLE CO.
316 W. MISSION AVE STE. 121
ESCONDIDO, CA 92025

Mail Tax Statements to:

Doc. Transfer Tax:
APN: 1319-15-000-020
ESCROW: 17-076-45-01 TSR 1059A

CORRECTIVE DEED

Whereas, I, Charles J. Ray and Anna Eileen Ray, husband and wife as joint tenants with right of survivorship, showed as Grantors of a Deed dated August 25, 2010 and recorded September 22, 2010 in Record Book 910 at Page 4520, Doc#770927.

WHEREAS, Charles J. Ray died on March 05, 2007 as evidence by the attached Death Certificate recorded herewith; and

WHEREAS, this deed is being recorded to correct the defect in title and to show the correct Grantors and correct Exhibit "A"

THE UNDERSIGNED GRANTOR(S) DECLARES(S)

- computed on full value of interest or property conveyed, or is
- computed on full value less the value of liens or encumbrances remaining at time of sale and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
ANNA EILEEN RAY, a widow

WHOSE ADDRESS IS: C/O CHICAGO TITLE 316 W. MISSION AVE. STE. 121, ESCONDIDO, CA 92025

Hereby ~~GRANT(S)~~ TO
THE FIRESIDE REGISTRY, LLC, A DELAWARE LIMITED LIABILITY COMPANY



California)
STATE OF NEVADA)
San Diego)
COUNTY OF DOUGLAS)

PERSONALLY appeared before me, Hilary R. Jackson, Timeshare Escrow Manager, as Trustee of the Amended and Restated Recorded Deed Dated August 25, 2010, as amended, who states as follows:

1. Charles J. Ray and Anna Eileen Ray Grantors of a Deed dated August 25, 2010 and recorded September 22, 2010 in Record Book 910 at Page 4520, Doc#770927.
2. After the recording of said Deed it was discovered that Charles J. Ray died on March 05, 2007 and that the Exhibit "A" was incorrect which makes the deed null and void.
2. This deed is being recorded to correct Grantors name to Anna Eileen Ray, a widow, correct Exhibit "A" and to correct any defect in the chain of title.

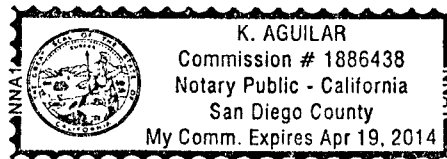
Further affiant sayeth not.

Hilary R. Jackson, Timeshare Escrow Manager
As Authorized Signer of The Amended and
Corrected Deed, Dated October 21, 2010

Sworn to before me this 29th
Day of Nov, 2010

K. Aguilar
CA Notary Public
My commission expires

04/19/2014





WHOSE ADDRESS IS: 2629 WEST MAIN STREET, STE #100, LITTLETON, CO 80120

The following described real property in the County of DOUGLAS, State of NEVADA.

An undivided interest in that certain parcel of real property being more fully described in the attached legal description on Exhibit "A"

SIGNATURES AND NOTARY ON FOLLOWING PAGES INCORPORATED
HEREIN

Dated: October 22, 2010

*Anna Eileen Ray by
JoAnn Lockard ESQ.
her attorney in fact*
Anna Eileen Ray, JoAnn Lockard, ESQ., by
a Professional Corporation, as his/her/their Attorney
In Fact

ALL PURPOSE ACKNOWLEDGMENT

State of : CA

County of : San Diego

On 12/13/10 before me, the undersigned Notary Public in and for said County and State, personally appeared **JOANN LOCKARD**, 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 the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

K. Aguilar

Signature of Notary

04/19/2014

Commission expiration

Notary Seal





Inventory No.: 17-076-45-01

EXHIBIT "A"

(Walley's)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1224th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002 in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration, with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every year in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Abandonment Deed recorded September 20, 2002 in Book 0902, at Page 06242, as Document No: 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-020

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER
COUNTY OF CALAVERAS
SAN ANDREAS, CALIFORNIA

CERTIFICATE OF DEATH

3-2007-05-000054

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-11 (REV. 1/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) CHARLES		2. MIDDLE JAMES		3. LAST (Family) RAY	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/16/1947		5. AGE Yrs. 59	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4008		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (at Time of Death) MARRIED	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) SANDIA FEDERAL LAB		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE	
20. DECEDENT'S RESIDENCE (Street and number or location) 609 SPYGLASS RD.		23. ZIP CODE 95252		24. YEARS IN COUNTY 2	
21. CITY VALLEY SPRINGS		22. COUNTY/PROVINCE CALAVERAS		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP ANNA RAY-WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town state, ZIP) 609 SPYGLASS RD., VALLEY SPRINGS, CA 95252			
28. NAME OF SURVIVING SPOUSE -- FIRST ANNA		29. MIDDLE EILEEN		30. LAST (Maiden Name) CARMICHAEL	
31. NAME OF FATHER -- FIRST THEO		32. MIDDLE RAY		33. LAST RAY	
35. NAME OF MOTHER -- FIRST OPALENE		36. MIDDLE DOVER		37. LAST (Maiden) DOVER	
38. BIRTH STATE AR		39. BIRTH STATE TN		19. YEARS IN OCCUPATION 38	
36. DISPOSITION DATE mm/dd/yyyy 03/12/2007		40. PLACE OF FINAL DISPOSITION ANNA RAY RES: 609 SPYGLASS RD., VALLEY SPRINGS, CA 95252			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT SAN ANDREAS MEMORIAL CHAPEL		45. LICENSE NUMBER FD-742		46. SIGNATURE OF LOCAL REGISTRAR Karen Varni by J. M. Golfer	
47. DATE mm/dd/yyyy 03/09/2007					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY CALAVERAS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 609 SPYGLASS RD.		106. CITY VALLEY SPRINGS	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) MALNUTRITION Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST METASTATIC PROSTATE CANCER		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER KR-21		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER J. J. [Signature]		116. LICENSE NUMBER A-66760	
(A) 08/02/06		(B) 02/06/07		117. DATE mm/dd/yyyy 3/8/07	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 575 STANISLAUS AVE, ALTAVILLE, CA 95221					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

BK-1210
PG-5881
776022 Page: 5 of 5 12/27/2010

000027606

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF CALAVERAS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CALAVERAS COUNTY CLERK-RECORDER.

DATE ISSUED **MAY 11 2007**

Karen Varni
Karen Varni
COUNTY CLERK-RECORDER

Linda Orr
Linda Orr
Deputy

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.