

Contract No.: 000570503698  
Number of Points Purchased: 77,000  
Annual Ownership  
APN Parcel No.: 1318-15-817-001 PTN  
Mail Tax Bills To: Wyndham Vacation Resorts, Inc.  
8427 SouthPark Circle, Orlando, FL 32819  
Recording requested by: Lawyers Title of Nevada, Inc.  
After recording, mail to:  
Wyndham Vacation Resorts, Inc., Title Services  
8427 SouthPark Circle, Orlando, FL 32819

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0911 PG- 2147 RPTT: 40.95



**GRANT, BARGAIN, SALE DEED**  
**Fairfield Tahoe at South Shore**

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Ruben D Alcala and Ivette Morales**, whose address is PO BOX 12457, ZEPHYR COVE, NV 89448, hereinafter referred to as the "Grantor(s)" do hereby grant, bargain, sell and convey unto **Wyndham Vacation Resorts, Inc., a Delaware corporation**, whose principal offices are at 8427 SouthPark Circle, Orlando, FL 32819, hereinafter referred to as the "Grantee", the following described real property situated in Douglas County, Nevada, to wit:

A 77,000/138,156,000 undivided fee simple interest as tenants in common in **Units 7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303** in **South Shore Condominium** ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium - South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan").

The property is a/an Annual Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 77,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Each Resort Year(s).

Being part of or the same property conveyed to the Grantor(s) by Deed from Grantee recorded in the official land records for the aforementioned property on 8-17-05, as Instrument No. 652447 and being further identified in Grantee's records as the property purchased under Contract Number 000570503698

To have and to hold all and singular, the premises described in this Deed, together with appurtenances, to the Grantee and to the Grantee's proper use and benefit forever. Authority is hereby given from each Grantor to Grantee or a designee of Grantee to execute any and all instruments necessary to effect the recordation of this Deed, including, by way of illustration, declaration of property value, affidavit of consideration, seller's tax declaration and correction of clerical errors.

SUBJECT TO: 1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record; 2. The covenants, conditions, restrictions, easements, reservations and liens set forth in the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and amendments thereto; 3. All matters set forth on the above-referenced plat of record, and any supplements and amendments thereto.

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Title to the Property is herein transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

DATED this 7-13-2011.

Ivette Morales  
Grantor: IVETTE MORALES

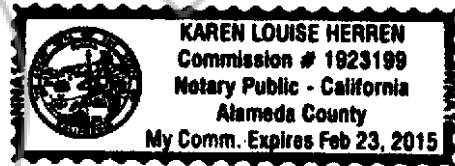
ACKNOWLEDGEMENT

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF ALAMEDA )

On this the 13<sup>th</sup> day of JULY, 2011 before me, the undersigned, a Notary Public, within and for the County of ALAMEDA, State of CALIFORNIA, commissioned qualified, and acting to me appeared in person IVETTE MORALES, to me personally well known as the person(s) whose name(s) appear upon the within and foregoing deed of conveyance as the grantor and stated that they had executed the same for the consideration and purposes therein mentioned and set forth, and I do hereby so certify.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal as such Notary Public at the County and State aforesaid on this 13<sup>th</sup> day of JULY, 2011.

Signature: Karen Louise Herren  
Print Name: KAREN LOUISE HERREN  
Notary Public  
My Commission Expires: FEB 23, 2015



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deceased  
Grantor: RUBEN D ALCALA

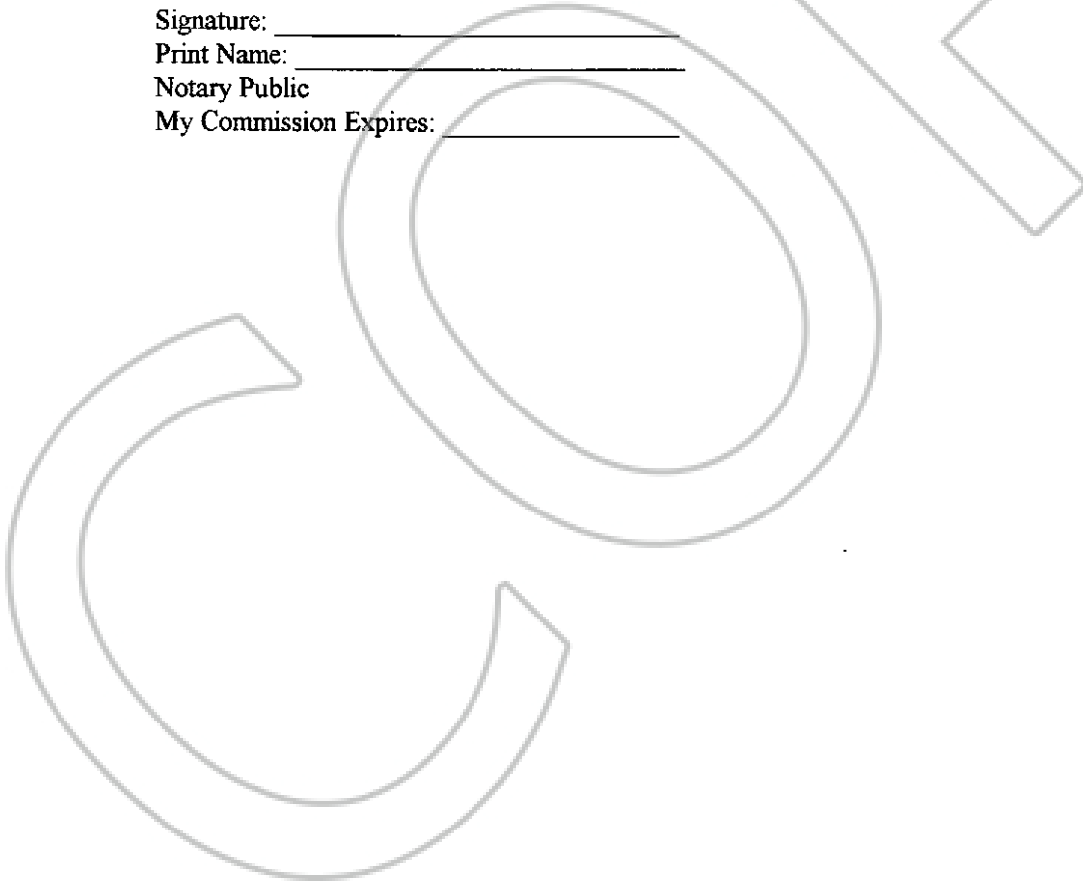
ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public, within and for the County of \_\_\_\_\_, State of \_\_\_\_\_, commissioned qualified, and acting to me appeared in person RUBEN D ALCALA, to me personally well known as the person(s) whose name(s) appear upon the within and foregoing deed of conveyance as the grantor and stated that they had executed the same for the consideration and purposes therein mentioned and set forth, and I do hereby so certify.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal as such Notary Public at the County and State aforesaid on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3200801000182

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (VS-100REV 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (GI-VA)		2. MIDDLE		3. LAST (Family)	
RUBEN		DAIRO		ALCALA	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
RUBEN D. ALCALA SR.		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		05/28/1944		63	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NEVADA		5613		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/Hispanic? (If yes, see worksheet on back)		12. MARITAL STATUS (at Time of Death)	
HS GRADUATE <input checked="" type="checkbox"/> YES		MEXICAN <input type="checkbox"/> NO		MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		7. DATE OF DEATH mm/dd/yyyy	
TRACK SUPERVISOR		PUBLIC TRANSPORTATION		01/09/2008	
19. HOURS (24 Hours)		20. DECEDENT'S RESIDENCE (Street and number or location)		6. HOUR (24 Hours)	
0445		2770 HIDDEN LANE			
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
HAYWARD		ALAMEDA		94541	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
40		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
IVETTE MORALES, SPOUSE			2770 HIDDEN LANE, HAYWARD, CA 94541		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
ROSARIO		IVETTE		MORALES	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JOSE				ALCALA	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
MEXICO		RAFAILA			
37. BIRTH STATE		37. LAST ( Maiden)		38. BIRTH STATE	
NEVADA		SANCHEZ		NEVADA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION, HOLY SEPULCHRE CEMETERY			
01/14/2008		26320 MISSION BLVD., HAYWARD, CA 94544			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		PAUL HALVERSON		EMB6858	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
HOLY ANGELS FUNERAL & CREM CTR		FD-1456		ANTHONY ITON, M.D.	
47. DATE: mm/dd/yyyy		48. IF HOSPITAL, SPECIFY ONE		49. IF OTHER THAN HOSPITAL, SPECIFY ONE	
01/11/2008		<input type="checkbox"/> IP <input type="checkbox"/> ERWOP <input type="checkbox"/> DGA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERWOP <input type="checkbox"/> DGA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ALAMEDA		2770 HIDDEN LANE		HAYWARD	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT under list events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) CARDIAC ARREST		Time Interval Between Onset and Death		108. DEATH REPORTED TO CORONER?	
(B) CORONARY ARTERY DISEASE		MINS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C) 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		YRS		109. BODY PERFORMED?	
DIABETES MELLITUS TYPE 2, END STAGE RENAL DISEASE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107				111. AUTOPSY PERFORMED?	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since: Decedent Last Seen Alive		VLADIMIR ALEX TITOV M.D.		A56479	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. IF FEMALE, PREGNANT IN LAST YEAR?		117. DATE: mm/dd/yyyy	
VLADIMIR ALEX TITOV M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		01/10/2008	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
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		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. 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	

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09/14/2011  
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0789476

STATE REGISTRAR A B C D E FAX AUTH. # \*000633378\*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

*Anthony Iton M.D.*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

DATE ISSUED: 01/16/2008

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

