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CONTRACT NO: 000570505347
APN: 1318-15-817-001 PTN
WHEN RECORDED RETURN TO:
WYNDHAM VACATION RESORTS, INC.
TITLE SERVICES
8427 SouthPark Circle
Orlando, FL 32819

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 1 Fee: 17.00
BK-0712 PG- 747 REPT: 0.00



**SUBSTITUTION OF TRUSTEE
AND DEED OF RECONVEYANCE**

The undersigned, WYNDHAM VACATION RESORTS, INC., a Delaware corporation, as the owner and holder of the Note secured by Deed of Trust dated 08/10/2005, made by David Reed and Kelly Reed Joint Tenants with Right of Survivorship Trustor, to Fidelity National Title Insurance Company, a California company, Trustee, successor by merger with Lawyer's Title of Nevada, for WYNDHAM VACATION RESORTS, INC. Beneficiary, which Deed of Trust was recorded December 12, 2005 in Book 1205, Page No. 4840, Official Records of Douglas County, Nevada, hereby substitutes WYNDHAM VACATION RESORTS, INC., as Trustee in lieu of the Trustee therein.

WYNDHAM VACATION RESORTS, INC. hereby accepts said appointment as Trustee under the above Deed of Trust, and as Successor Trustee, and pursuant to the request of said owner and holder and in accordance with the provisions of said Deed of Trust, does hereby RECONVEY WITHOUT WARRANTY, TO THE PERSON OR PERSONS LEGALLY ENTITLED THERETO, ALL the estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF the owner and holder above named, and WYNDHAM VACATION RESORTS, INC., as Successor Trustee, has caused this instrument to be executed, each in its respective interest

BENEFICIARY
WYNDHAM VACATION RESORTS, INC.
a Delaware corporation

By: _____
Kim Thompson
Senior Vice President, Title Services

TRUSTEE
Fidelity National Title Insurance Company

By: _____
Kim Thompson
As Attorney-in-Fact

STATE OF)
COUNTY OF)

On 06/12/2012 before me, a Notary Public in and for said County and State, personally appeared Kim Thompson who stated that he/she/they are the Senior Vice President, Title Services of Wyndham Vacation Resorts, Inc., known to me to be the person or persons who acknowledged that he/she/they executed the above instrument.

WITNESS my hand and official seal.

NOTARY SEAL

Notary Public in and for said County and State
My Commission Expires:

