CONTRACT NO: 000570710574 APN: 1318-15-818-001 PTN WHEN RECORDED RETURN TO: WYNDHAM VACATION RESORTS, INC. TITLE SERVICES 8427 SouthPark Circle Orlando, FL 32819

07/05/2012 08:48 AM Deputy: KE OFFICIAL RECORD Requested By: WYNDHAM VACATION OWNERSHIP

> Douglas County - NV Karen Ellison - Recorder

Page: 3 BK-0712 PG-

Fee: 17.00

748 RPTT:



## 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 11/09/2007, made by Don R. Sabrsula and Paula J. Sabrsula, Joint Tenants with the 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 February 26, 2008 in Book 0208, Page No.5789, 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 WYNDHAMX

ATÌQN RESORTS, INC.

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By:

hompson

Senior Vice President, Title Services

Title Insurance Company Fidelity Na

By

ls 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:

