Assessor's Parcel Number: 131-826-101-006

Recording Requested By:

Name: Timeshare closing online

Address: 249 W Jackson St #414

City/State/Zip Hayward ra 94545

Real Property Transfer Tax:

DOC # 811271

10/22/2012 12:00PM Deputy: GB
 OFFICIAL RECORD
 Requested By:

Timeshare Closing Online
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00

BK-1012 PG-5445 RPTT: 0.00



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cimited POWER of AHOMPY

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

BK 1012 PG-5446

LIMITED POWER OF ATTORNEY – SELL AND TRANSFER

RESORT NAME: Resorts West Vacation Club

| Between: | Denise S | Sequeira, "the Attorney" | 20 |
|--|--|--|---|
| And: Client(s)" | Gjilo | _ Willigea | the |
| This Power of Attorney is given by "the client" to "the attorney" to show that "the client" hereby appoints "the attorney" to be their attorney and to do in their name and on their behalf anything that the client can lawfully do by an attorney; limited to the following: | | | |
| "The client" hereby authorizes "the attorney", a representative of Timeshare Closing Online the ability to initiate and finalize the transfer process for: THS SINGLE TRANSACTION WITH | | | |
| Resort Name Resort Owner Number 408 | ts west | LONGSBURY RESO Lonni CK Wille Jeach Cof | 27 0N hy. 10-16-12 el.)10-16-12 |
| Including but not limited to the regarding legal name on file vidocuments, sign and notarize or change reservations, request automatic payments, place particles. | e ability to: request any vith (Resort Name) transfer documents, rest account verification of the second verification verification of the second verification of the second verification verification of the second verification verificat | account informátion neede <u>SortS Un St Vaccot</u> move or add available cred of all account and financial | d, correct any issues Size of the order transfer lits, the ability to make information, cancel |
| "the client". Client Signature: State of California | G/slo | Client Signature: W.U | Dio Jean Cofuld |
| On 10 -16-12 before | me, <u> RIS L ,LAR</u> (nam | SON DOTARY PW e of notary public) | 54c, |
| personally appeared <u>LODD</u> who proved to me on the bas subscribed to the within instruin their authorized capacity(ie entity upon behalf of which the | is of satisfactory evident ument and who acknowns), and by his/her/their | ice to be the person(s) who ledged to me that he/she/th signature(s) on the instrum | se name(s) is/are ney executed the same |
| I certify under PENALTY of P foregoing paragraph is true a | | rs of the State of <u>டிப்</u> டில் | that the |
| WITNESS my hand and office | ial seal. | IRIS L. LARSON COMM #1865997 Notary Public-Celifornia CALAVERAS COUNTY My Comm. Exp. SEPT 24, 2013 | |
| (Signature of Notary) | | | |