

Return recorded deed to:  
Sunday Vacations  
14788 Business 13  
Branson West, MO 65737

DOUGLAS COUNTY, NV

2014-854133

RPTT:\$1.95 Rec:\$15.00

\$16.95 Pgs=2

12/09/2014 02:15 PM

SUMDAY VACATIONS

KAREN ELLISON, RECORDER

A portion of APN# 1319-15-000-015  
David Walley's Resort  
Actual/True Consideration \$ 500.00

Deed Prepared By:  
Gail Duffey  
P.O. Box 3014  
Guerneville, CA 95446

Mail Tax Statements to:  
Walley's Property Owners Association  
14788 Business 13  
Branson West, MO 65737

**GRANT, BARGAIN, SALE DEED**

THIS DEED, made this 24th day of November, 2014 by and between Gail Duffey, A single person, whose address is P.O. Box 3014, Guerneville, CA 95446, Grantor(s) to 1862, LLC, a Nevada limited liability company, as Grantee(s) whose address is with its principal office at 3179 N Gretna Rd. Branson MO 65616.

**WITNESSETH**

That the Grantor, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration to it paid by the Grantee, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents does grant bargain and sell and convey unto the aforesaid Grantee, their heirs, devisees, successors and assigns, the following described property situated in Douglas County, Nevada:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions, and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980 as amended:

**Unit Type: 2 bd Phase: 2 Inventory Control No. 36022042461**  
**Alternate Year Time Share: ODD First Year Use: 2015**

If acquiring a Time Share Interest in Phase 1, Buyer will receive fee title to a 1/107<sup>th</sup> undivided interest (if annually occurring) or a 1/2142<sup>th</sup> undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase 11, Buyer will receive fee title to a 1/1989<sup>th</sup> undivided interest (if annually occurring) or a 1/3978<sup>th</sup> undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, Buyer will receive fee title to a 1/224<sup>th</sup> undivided interest (if annually occurring) or a 1/2448<sup>th</sup> undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in the Dillon Phase, Buyer will receive fee title to a 1/1224<sup>th</sup> undivided interest (if annually occurring) or a 1/2448<sup>th</sup> undivided interest (if biennially occurring) in said Phase.

This conveyance is subject to and by accepting this Deed Grantee(s) do(es) hereby agree to assume the obligation for payment of real estate taxes for the current year and subsequent years. Further, by accepting this Deed Grantee(s) accepts title subject to the restrictions, liens and obligations set forth in the (1) Conditions, restrictions, limitations, reservations, easements and other matters of record, (2) Declarations for

the Project and all amendments and supplements thereto, and agrees to perform obligations set forth there in accordance with the terms thereof.

The Benefits and obligations hereunder shall inure to and be binding upon the heirs executors, administrators, successors and assigns of the respective parties hereto.

The plural number as used herein shall equally include the singular. The masculine or feminine gender as used herein shall equally include the neuter.

IN WITNESS WHEREOF Grantor has executed this instrument on the day and year first above written.

*Darleen Marks*  
Witness:

DARLEEN MARKS  
Print Name

*Gail Duffey*  
Gail Duffey

STATE OF California )  
COUNTY OF Sonoma ) SS.

On this 24 day of November, 20 14, before me (insert NAME and TITLE of OFFICER) Denise L. Rydberg, Notary Public, personally appeared (insert name of signatory(ies)) Gail Duffey

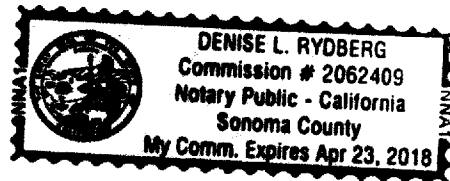
Gail Duffey, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that by he she they executed the same in his her their authorized capacity(ies), and that by his her their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(SEAL)

*Denise L. Rydberg*  
Signature



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a. 1319-15-000-015  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:  
 a.  Vacant Land      b.  Single Fam. Res.  
 c.  Condo/Twnhse    d.  2-4 Plex  
 e.  Apt. Bldg          f.  Comm'l/Ind'l  
 g.  Agricultural      h.  Mobile Home  
 Other timeshare

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. a. Total Value/Sales Price of Property      \$ 500.00  
 b. Deed in Lieu of Foreclosure Only (value of property)    ( 0.00 )  
 c. Transfer Tax Value:      \$ 500.00  
 d. Real Property Transfer Tax Due      \$ 1.95

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %  
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Gail Duffey Capacity Grantor  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: Gail Duffey  
 Address: PO Box 3014  
 City: Guerneville  
 State: CA      Zip: 95446

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: 1862 LLC  
 Address: 3179 N. Gretna Road  
 City: Branson  
 State: MO      Zip: 65616

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: Sumday Vacations      Escrow #: \_\_\_\_\_  
 Address: 14788 Business Hwy 13  
 City: Branson West      State: MO      Zip: 65737

**AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED**