

APN# 1319-15-000-015

Recording Requested by/Mail to:

TIME SHARE WHOLESALERS OF

Name: PIGEON FORGE, LLC

Address: 1338 PARKWAY, SUITE 3

City/State/Zip: SEVIERVILLE, TN

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

LIMITED DURABLE POWER OF ATTORNEY

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

Prepared By And Return To:  
Timeshare Wholesalers of Pigeon Forge, LLC  
1338 Parkway, Suite 3, Sevierville, Tennessee 37862

LIMITED DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned YHINIO ARREGUY ROSITA ARREGUY  
("Grantor(s)"), being of legal age, DO(ES) HEREBY CONSTITUTE(S) and appoint(s) Felix Valdes, also of legal age, as Grantor(s) true and lawful Attorney-In-Fact for, and on behalf, and in Grantor(s) name, place and stead to do any, and all, of the following acts: To perform any, and all, acts necessary to convey the real, and personal property, legally described below.

RESORT: DAVID WALLEYS RESORT UNIT #: BODIE WEEK #: ALL

OTHER LEGAL DESCRIPTION: 2 BDR

This power includes, but not limited, to contacting the resort and/or exchange company on Grantor(s) behalf, making inquiries into the status of accounts affecting this property, making reservations, banking weeks, ordering death certificates, collecting proceeds, executing any and all documents, notarial or otherwise, in the names as written below, or in other form, and all other issues that are deemed necessary in Attorney-In-Fact's discretion to carry out the transfer of said property. This power shall not be affected by the disability of the Grantor(s). Grantor(s)'s Attorney-In-Fact has the power to perform all and every act, and thing, fully and to the same extent as the Grantor(s) could do if personally present, with full power of substitution and revocation.

AND THE GRANTOR(S) DO(ES) HEREBY RATIFY AND CONFIRM all whatsoever that the said Attorney-In-Fact, shall do or cause to be done by virtue of the powers hereby granted.

GRANTOR(S) SIGNATURE: Yhinio Arreguy

PRINT NAME(S): YHINIO ARREGUY

GRANTOR(S) SIGNATURE: Rosita Arreguy

PRINT NAME(S): ROSITA ARREGUY

Grantor(s) signature(s) is/are attested by these witnesses who are NOT the Grantor(s).

WITNESS SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

NOTARY FORM: STATE OF California COUNTY OF Placer

I, A. Bubica, a Notary Public,

do hereby certify that on this 6th day of August, 20 14, personally appeared before me

Rosita Arreguy and Yhinio Arreguy, who appoints Felix Valdes as Attorney-In-Fact,

known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and swore, and acknowledged, to me that he/she/they executed the same for the purpose, and in the capacity, therein expressed, and that the statements contained therein are true and correct.

Witness my hand and official seal:  
Notary Signature: [Signature]

My Commission Expires: Nov. 23, 2017

