17

DOUGLAS COUNTY, NV Rec:\$17.00 Total:\$17.00

2016-880189 05/02/2016 11:55 AM

WYNDHAM VACATION

Pas=

00034433201608801890010014

KAREN ELLISON, RECORDER

CONTRACT NO: 000570710343 APN: 1318-15-817-001 PTN WHEN RECORDED RETURN TO: WYNDHAM VACATION RESORTS, INC. TITLE SERVICES 6277 Sea Harbor Drive Orlando, FL 32821

## 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 11/02/2007, made by Michael Smith and Amanda Smith, Joint Tenants with the Right of Survi vorship, 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.5713, 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

Doug Ward

By

Director, Title Services

TRUSTEE:

Fidelity National Title Insurance Company

By:

As Attorney-in-Fact

Doug Ward

STATE OF Florida COUNTY OF Orange

On 03/28/2016 before me, a Notary Public in and for said County and State, personally appeared Doug Ward who stated that he/she/they are the Director, 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** 

Kisha Williams
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF950344
Expires 1/13/2020

Kisha Williams

Notary Public in and for said County and State

My Commission Expires: 01/13/2020