DOUGLAS COUNTY, NV

RPTT:\$1.95 Rec:\$35.00

2018-918371

Prepared By and Record and Return to: Boca Raton Timeshare Transfers 21845 Powerline Road, suite 201 Boca Raton FL 33433

Mail Tax Statements to: Wyndham Vacation Resorts, Inc. 6277 Sea Harbor Drive Orlando FL 32821

Contract # 000570902130

APN #: 1318-15-818-001PTN

\$36.95 Pgs=3 **08/22/2018 08:16 AM**STERLING TITLE PARTNERS INC
KAREN ELLISON, RECORDER

GRANT, BARGAIN and SALE DEED Fairfield Tahoe at South Shore

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, devises, successors and assigns, the following real estate in Douglas County, Nevada, described as follows:

A 105,000/109,787,500 undivided fee simple interest as tenants in common in Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302, and 8303 in South Shore Condominium ("Property") located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the final Map # 01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium – South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan"). Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, it's successors and assigns.

Subject to easements and rights of way of record; subject to all matters set forth on the Plat depicting the units above described and Subject to the reservations, restrictions, liens and covenants set out in the Declaration; and subject to mineral reservations, conveyances and leases of record, if any.

Together with all and singular the hereditaments and appurtenances thereunto belonging.

The property described above is/an Biennial ownership interest as described in the Declaration and such ownership interest has been allocated 210,000 Points (as defined in the Declaration) for use by the Grantee(s) in **Even** year(s).

By acceptance of this Deed, Grantee(s) hereby agree(s) for himself, his heirs, successors and assigns to be bound by all of the provisions, terms and conditions of said Declaration. Articles, Plat, By-Laws, and all rules and regulations which may be promulgated thereunder, and any amendments thereto.

This is not homestead property.

(Notary Seal)

Grantor hereby covenants with the said Grantee that it will forever warrant and defend the title to said property.

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

	and
Print:	SCOTT L. HORTON,
	Grantor
	Hank Dan
Print:	PHUONG L. HORTON,
State of	Grantor
County of	/ / ~
County of	\ \
I hereby certify that on this day of	, 20, before me, an officer duly authorized in
to take	acknowledgements, personally appeared
	, and who has produced as
	and they acknowledged before me that they executed the
foregoing for the purpose intended therein.	
T W'' WI C I L	1
	hand and affixed my seal in the State and County above
mentioned, this day of, 20	
	seeattached
\ / /	Notary Public
	Print:
	My Commission Expires:



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who sign

curacy, or validity of that document.
(Here insert name and title of the officer), Notary Public,
.Horton ,
ce to be the person(s) whose name(s) is/are subscribed to he/she/they executed the same in his/her/their authorized the instrument the person(s), or the entity upon behalf of aws of the State of California that the foregoing paragraph L. BASILE Notary Public - California Santa Clara County Commission # 2238813 My Comm. Expires Apr 20, 2022
IONAL INFORMATION
INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required. • State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.

CAPACITY CLAIMED BY THE SIGNER Individual (s) ☐ Corporate Officer (Title) ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other

(Additional information)

- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- · Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- · Securely attach this document to the signed document

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Num	aber(s)		()	
a. <u>1318-15-818-</u> (\ \	
b.	<u> </u>		\ \	
c.			\ \	
d.			\ \	
2. Type of Property:			\ \	
a. Vacant Land	b. Single Fam. Res.	FOR RECOR	RDERS OPTIONAL USE ONLY	
c. Condo/Twnhse	d. 2-4 Plex	Book		
e. Apt. Bldg	f. Comm'l/Ind'l	Date of Reco	Page:	
g. Agricultural	h. Mobile Home	Notes:	rang:	
[7] 6.1		inotes.		
3.a. Total Value/Sales Pri	ce of Property	9 -00		
h Deed in Lieu of Fore	closure Only (value of pro	\$ 500		
c. Transfer Tax Value:	crosure Omy (value of proj)	
d. Real Property Transfe	* Toy Duo	\$ 500		
a. Roar i roporty Transie	I Tax Due	\$ 1.95		
4. If Exemption Claime	ų.		/ /	
	nption per NRS 375.090, S	Soothu		
b. Explain Reason fo	upuon poi 14105 575.090, 2 or Evenntian:	Section		
ov Emplani redason le	1 Daemphon.			
5. Partial Interest: Perce	ntage heing transferred	%		
The undersigned declares	and acknowledges, under I	%	3 TD C 4 TO C 4 TO C	
and NRS 375 110 that th	e information provided in	penanty of perjury,	pursuant to NRS 375.060	
and can be supported by	onnormation provided is	correct to the best of	of their information and belief,	
Furthermore, the narties a	tree that discillaryonas of a	on to substantiate t	tion, or other determination of	
additional tax due, may re-	sult in a nenalty of 10% of	the tax due when in	nterest at 1% per month. Pursuant	
to NRS 375.030, the Buve	r and Seller shall be jointh	the tax due plus in	tterest at 1% per month. Pursuant ole for any additional amount owed.	
The baye	and benef shall be joining	y and severany nac	ole for any additional amount owed.	
Signature		Composite Cre	unto.	
	12	Capacity: Gra	intor	
Signature /		Composite a Com	unda u	
		Capacity: <u>Gra</u>	intor	
SELLER (GRANTOR) I	NFORMATION	RIIVED (CD.	ANTEEN INDAMATION	
(REQUIRI			ANTEE) INFORMATION REQUIRED)	
Print Name: Scott and Ph				
Address: 1315 Piedmont	Rd # 2 2 934	Print Name: Timeshare Acquisitions LLC Address: 4700 Millenia Blvd ste 250B		
City: San Jose	NO TI SCIST	City: Orlando		
	Zip: 95132	State: FL	Zip: 32839	
	7 7 7	State.1 L	Zip. 32839	
COMPANY/PERSON RI	EQUESTING RECORD	NG (Required if	not seller or huver)	
Print Name: Boca Raton	Fimeshare Transfers	Escrow #	MOVEMENT OF BUYEL!	
Address: 21845 Powerline	Rd ste 201			
City: Boca Raton		State:FL	Zip: 33433	