

APN#: 1319-15-000-015  
1319-15-000-020  
1319-22-000-021  
1319-15-000-022  
1319-15-000-023  
1319-15-000-029  
1319-15-000-030  
1319-15-000-031  
1319-15-000-032



KAREN ELLISON, RECORDER E07

**After Recording Send Tax Statements to:**

Holiday Inn Club Vacations Incorporated  
9271 S. John Young Pkwy.  
Orlando, FL 32819

**After Recording Return to:**

Wilson Title Services, LLC  
4045 Spencer Street, Suite A62  
Las Vegas, NV 89119

**QUIT-CLAIM DEED**

***THIS QUIT-CLAIM DEED*** is made this 11th day of March, 2021, by and between **JEFFREY WOODS AND ANGELLA WOODS, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP**, whose address is c/o Walley's Property Owners Association, Inc., a Nevada non-profit corporation, whose mailing address is 2001 Foothill Road, Genoa, Nevada 89411 ("Grantor"), and **JEFFREY WOODS AND ANGELLA WOODS, TRUSTEES OF THE JEFF & ANGELLA WOODS FAMILY TRUST AS RESTATED ON SEPTEMBER 25, 2020**, whose address is c/o Walley's Property Owners Association, Inc., a Nevada non-profit corporation, whose mailing address is 2001 Foothill Road, Genoa, Nevada 89411 ("Grantee").

**WITNESSETH:**

***Grantor***, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration to it paid by Grantee, the receipt and sufficiency of which is hereby acknowledged, by these presents does remise, release, and forever quitclaim unto Grantee, its successors and assigns, the real property more particularly described in **Exhibit "A"** attached hereto and made a part (the "Property").

***TOGETHER WITH*** all the improvements now or hereafter erected on the property, and all easements, rights, appurtenances, rents, royalties, mineral, oil and gas rights and profits, water rights and stock and all fixtures now or hereafter a part of the Property. All replacements and additions shall also be covered by this Deed. All of the foregoing together with all personal property associated therewith is part of the Property described above.



# CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Calaveras )

On March 11, 2021 before me, Sandra J. Ohlson, Notary Public,  
(here insert name and title of the officer)

personally appeared Jeffery Woods, Angella Woods

who proved to me on the basis of satisfactory evidence to be the person(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~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.



Signature Sandra J. Ohlson

(Seal)

## Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) \_\_\_\_\_ Title(s)
  
- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: \_\_\_\_\_

representing: \_\_\_\_\_  
Name(s) of Person(s) or Entity(ies) Signer is Representing

### Additional Information

#### Method of Signer Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification     credible witness(es)

Notarial event is detailed in notary journal on:  
 Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

#### Other

- Additional Signer(s)     Signer(s) Thumbprint(s)
- \_\_\_\_\_

**Exhibit "A"**

The Time Shares estates set forth in **Exhibit "A-1"** attached hereto and incorporated herein by this reference, as said term "Time Share" is defined in that certain Sixth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's dated September 24, 2014 and filed and recorded as Document Number 0849819 in Book 0914, Page 4388 in the Official Records of Douglas County, as corrected by the recording of the Corrected Sixth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's dated November 2, 2018, in the Official Records of Douglas County, Nevada as Document Number 2018-921717, and all exhibits, amendments, and annexations thereto (collectively the "**Declaration**"), which Time Share consists of an undivided interest as a tenant in common in and to those certain parcels of real property as set forth below:

**Aurora Phase**

An undivided 1/1,071<sup>st</sup>, or 1/2,142<sup>nd</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel II) to the Declaration.

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**Bodie Phase**

An undivided 1/1,989<sup>th</sup> or 1/3,978<sup>th</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel I) to the Declaration.

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**Canyon Phase**

An undivided 1/1,224<sup>th</sup> or 1/2,448<sup>th</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel III) to the Declaration.

APN: 1319-15-000-020

**Dillon Phase**

An undivided 1/1,224<sup>th</sup>, 1/2,448<sup>th</sup>, 1/204<sup>th</sup>, or 1/408<sup>th</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel IV) to the Declaration, which such undivided interest is indicated in that certain grant, bargain, and sale deed to Grantor, as grantee, filed and recorded as Document number 2016-885790

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APN: 1319-15-000-031

APN: 1319-15-000-032

APN: 1319-15-000-023

APN: 1319-15-000-029

APN: 1319-15-000-030

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1319-15-000-015, 1319-15-000-020, 1319-22-000-021  
 b) 1319-15-000-022, 1319-15-000-023, 1319-15-000-029  
 c) 1319-15-000-030, 1319-15-000-031, 1319-15-000-032  
 d) (Exhibit A & A-1)

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  
 i)  Other Timeshare  
(Exhibit A)

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Trust OR - TAF 15 w/o</u>	
<u>consideration - 0</u>	

3. Total Value/Sales Price of Property: \$ 18,900 (original purchase price)  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$ 18,900  
 Real Property Transfer Tax Due: \$ 0 (Exempt)

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 7  
 b. Explain Reason for Exemption: Transfer to Trust

5. Partial Interest: Percentage being transferred: 100 %

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 [Signature] Capacity OWNER

Signature [Signature] Capacity OWNER

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: JEFFREY WOODS  
 Address: 909 SANDALWOOD DR.  
 City: MURPHYS  
 State: CA Zip: 95247

Print Name: ANGELLA WOODS  
 Address: 909 SANDALWOOD DR  
 City: MURPHYS  
 State: CA Zip: 95247

COMPANY/PERSON REQUESTING RECORDING  
(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_