DOUGLAS COUNTY, NV

RPTT:\$44.85 Rec:\$40.00 \$84.85 Pgs=5 2021-971511 07/27/2021 03:04 PM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

Contract No.: 000570603647 Number of Points Purchased:84.000

Biennial Ownership

APN Parcel No.:1318-15-819-001 PTN

Mail Tax Bills To: Wyndham Vacation Resorts. Inc.

6277 Sea Harbor Drive, Orlando, FL 32821

Recording requested by: Lawyers Title of Nevada, Inc.

After recording, mail to:

Wyndham Vacation Resorts, Inc., Title Services 6277 Sea Harbor Drive. Orlando. FL 32821

GRANT, BARGAIN, SALE DEED Fairfield Tahoe at South Shore

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **David R Flores F/K/A David T Flores, and Rosalinda Flores, Trustees of The. 2005 Flores Family Revocable Living Trust, dated April 11,2005.**, whose address is PO BOX 12457, ZEPHYR COVE, NV 89448, hereinafter referred to as the "Grantor(s)" do hereby grant, bargain, sell and convey unto **Wyndham Vacation Resorts, Inc., a Delaware corporation**, whose principal offices are at 6277 Sea Harbor Drive, Orlando, FL 32821, hereinafter referred to as the "Grantee", the following described real property situated in Douglas County, Nevada, to wit:

A 84,000/90,245,000 undivided fee simple interest as tenants in common in Units 9101, 9102, 9103, 9104, 9201, 9203 and 9204 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").

The property is a/an Biennial Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 168.000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Odd Resort Year(s).

\wedge		r the same property conveyed to the Granton	r(s) by Deed from
121	andel	recorded in the officia	I land records for the aforementioned property
on	antel 9/11/2006	as Instrument No 483527	and being further identified in Grantee's
		ourchased under Contract Number 0005706	03647

To have and to hold all and singular, the premises described in this Deed, together with appurtenances, to the Grantee and to the Grantee's proper use and benefit forever. Authority is hereby given from each Grantor to Grantee or a designee of Grantee to execute any and all instruments necessary to effect the recordation of this Deed, including, by way of illustration, declaration of property value, affidavit of consideration, seller's tax declaration and correction of clerical errors.

SUBJECT TO: 1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record; 2. The covenants, conditions, restrictions, easements, reservations and liens set forth in the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and

Contract: 000570603647 DB

amendments thereto: 3. All matters set forth on the above-referenced plat of record, and any supplements and amendments thereto.

Title to the Property is herein transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

DATED this 03/31/2021.

David 73 Flores
Grantor: DAVID R FLORES, TRUSTEE

Please see attached document
Notary Public, Marie My Public,

	ACKNOWLE	EDGEMEN <u>T</u>	
STATE OF	, ()))	
COUNTY OF) ss.		
On this the day of	. 20	before me, the undersig	ned, a Notary
Public, within and for the County of	***************************************	State of	,,
commissioned qualified, and acting to n	ne appeared in person DA	VID R FLORES, TRUS	TEE, to me
personally well known as the person(s)	whose name(s) appear up	on the within and foregoi	ng deed of
conveyance as the grantor and stated th	at they had executed the s	same for the consideration	and purposes
therein mentioned and set forth, and I do hereby so certify.			
DI TECTUACINA MATERICA			d. Makan
IN TESTIMONY WHEREOF			
Public at the County and State aforesaid	d on this day	OI	20
Signature:	/ /		
Print Name:			
Notary Public			
My Commission Expires:			

A notary public or other officer completing this certificat document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.	
Chata of California		
State of California)		
County of Santa Cruz		
On 04/06/2021 before me, Mi	iquel thyel Toloch, Notary Public,	
'' Date	Here Insert Name and Title of the Officer	
personally appeared David R F	Flores	
	Name(s) of Signer(s)	
/		
who proved to me on the basis of satisfactory evidence to be the person(s)—whose name(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(ips), 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.		
	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph s true and correct.	
	WITNESS my hand and official seal.	
MIGUEL ANGEL TOBON Commission # 225:006 Notary Public - California Santa Cruz County My Comm. Expires OCTOBER 04, 2022	Signature Municum from Signature of Notary Public	
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.		
Description of Attached Document		
Title or Type of Document: Document Date:		
Number of Pages: Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)	Cionada Nama.	
Signer's Name:	Signer's Name:	
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator	
□ Other:	☐ Other:	
Signer Is Representing:	Signer Is Representing:	

Contract: 000570603647 DB

COSalinda Olova Grantor: ROSALINDA FLORES, TRUSTEE

Please see attached document
Notary Public Ask messyl

ACKNOWLEDGEMENT

STATE OF)		
COUNTY OF) ss.)		
On this the	ounty of	State of Sta	and foregoing deed of consideration and purposes
Public at the County and Sta		into set my hand and office day of	cial seal as such Notary, 20
Signature: Print Name: Notary Public My Commission Expires:			

	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.	
State of California)		
County of Santa Cruz		
•	160	
On 04/06/2021 before me, May Date personally appeared Rosal inda	wel Hage Tubus , Notary Public,	
Date V	Here Insert Name and Title of the Officer	
personally appeared Kosal inda	Plores	
	Name(s) of Signer(s)	
subscribed to the within instrument and acknowle his/her/their authorized capacity(iee), and that by his or the entity upon behalf of which the person(e) actor actor is a subscribed by the sub		
0	certify under PENALTY OF PERJURY under the laws f the State of California that the foregoing paragraph true and correct.	
MIGUEL ANGEL TOBUN Commission # 2261086 Wolfery Public - California	signature Signature of Notary Public	
Though this section is optional, completing this is	IONAL Information can deter alteration of the document or form to an unintended document.	
Description of Attached Document		
Title or Type of Document: Document Date:		
Number of Pages: Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)	Dimensia Massacc	
Signer's Name:	Signer's Name:	
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator	
Other:	Other:	
Signer Is Representing: Signer Is Representing:		

STATE OF NEVADA DECLARATION OF VALUE

1.	Assessor Parcel Number(s): a) 1318-15-819-001 PTN b) c) d)	
2.	Type of Property: a) \[\] Vacant Land \[b) \[\] Single Fam. Re \[c) \[\] Condo/Twnhse \[d) \[\] 2-4 Plex \[e) \[\] Apricultural \[h) \[\] Mobile Home \[i) \[\] Other - Timeshare	FOR RECORDERS OPTIONAL USE ONLY Document/Instrument# Book: Date of Recording: Notes:
3.	Total Value/Sales Price of Property Deed in Lieu of Foreclosure Only (val Transfer Tax Value: Real Property Transfer Tax Due:	
4.	If Exemption Claimed: a) Transfer Tax Exemption, per NRS b) Explain Reason for Exemption:	375.090, Section:
5.	Partial Interest:Percentage being tra	nsferred: <u>100%</u> nowledges, under penalty of perjury, pursuant to
informathe	375.060 and NRS 375.110, that the in ation and belief, and can be supporte formation provided herein. Furtherm d exemption, or other determination of	information provided is correct to the best of their and by documentation if called upon to substantiate more, the parties agree that disallowance of any fadditional tax due, may result in a penalty of 10% in . Pursuant to NRS 375.030, the Buyer and Seller
Signat Signat		Capacity Agent for Grantor/Seller Capacity Agent for Grantee/Buyer
_	ER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
Print Na Address City: State:		(REQUIRED) Print Name: Wyndham Vacation Resorts, Inc. Address: 6277 Sea Harbor Drive City: Orlando State: FL Zip: 32821
COMP	ANY/PERSON REQUESTING RECOR	RDING
776	Rock Title, LLC	Escrow No.: <u>000570603647</u> Escrow Officer:
	mith. AR 72901	Laciow Officer.

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)