DOUGLAS COUNTY, NV

RPTT:\$1.95 Rec:\$40.00 \$41.95 Pgs=3 2024-1004687 02/13/2024 09:05 AM

WHITE ROCK GROUP, LLC

SHAWNYNE GARREN, RECORDER

Contract: 000570608778

Number of Points Purchased: 154,000

**ANNUAL Ownership** 

Parcel Number:1318-15-822-001 PTN *Prepared by or under the supervision of:* 

Hayes, Johnson & Conley, PLLC

700 South 21st Street Fort Smith, AR 72901

After recording, please return to: White Rock Group, LLC 700 South 21<sup>st</sup> Street Fort Smith, AR 72901 479-242-0974

## **WARRANTY DEED**

## KNOW ALL MEN BY THESE PRESENTS:

THAT, JESUS DURAN MEMBRIDO AND LALAINE CRISTE DY MEMBRIDO, whose address is 180 Elks Point Road, Zephyr Cove, NV 89448, hereinafter called GRANTOR(s), for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration paid by SHARETIME HOLDINGS, LLC, a Florida limited liability company, whose address is 180 Elks Point Road, Zephyr Cove, NV 89448, hereinafter called GRANTEE(s), the receipt of which is hereby acknowledged, has/have bargained and sold, and by these presents do(es) hereby grant, bargain, sell and convey unto the aforesaid GRANTEE(s) and each of their heirs, devises, successors and assigns, the following described property located in Douglas County, Nevada to wit:

A 154,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 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, its successors and assigns.

The Property is a/an <u>ANNUAL</u> Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated <u>154,000</u> Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in <u>EACH</u> Resort Year(s).

Being part of or the same property, and subject to the same terms, conditions, and restrictions as conveyed to the GRANTOR(s) by Deed from WYNDHAM VACATION RESORTS, INC., recorded in the official land records for the aforementioned property on March 29, 2007, at Deed Document Number 0697955.

Together With all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

GRANTOR(s) do(es) hereby covenant with GRANTEE(s) that they are lawfully seized of the Vacation Ownership Interest conveyed herein; that GRANTOR(s) has/have good and lawful authority to sell and convey said VOI; that GRANTOR(s) do/does hereby fully warrant title to said VOI and will defend the same against the lawful claims of all persons claiming by and through GRANTOR(s); and that said Vacation Ownership Interest is free of all encumbrances except easements, restrictions, and reservations of record and taxes for the current year and subsequent years.

Capitalized or block terms used herein shall have those meanings ascribed to them in the Declaration.

The plural number as used herein shall equally include the singular and vice versa. The masculine or feminine gender as used herein shall equally include the neuter.

IN WITNESS WHEREOF, this Deed has been execute	ed on this 14 May of December 20 23
GRANTOR:	GRANTOR:
$\bigcirc$ $\triangle$	
$(\times)$	<b>→</b>
JESUS DURAN MEMBRIDO	LALAINE CRISTE DY MEMBRIDO
180 Elks Point Road, Zephyr Cove, NV 89448	180 Elks Point Road, Zephyr Cove, NV 89448
State of)	owledgment
State of	
County of	
On this day of	, 20, before me, a Notary Public, within and for
said County and State, duly commissioned and acting	, appeared, JESUS DURAN MEMBRIDO AND LALAINE CRISTE DY
	with valid identification, as the person(s) who executed the tion and purposes therein mentioned and set forth, and does
hereby so certify.	tion and purposes therein mentioned and set forth, and does
IN WITNESS WHEREOF, I hereunto set my ha	nd and official seal.
/ /	
(SEAL)	Notary Public
CALIFORNIA ALL-PURPOSE ACKNOWLEDGME ATTACHED	Printed Name:
CALIFORNIA ALL-PURPOSE	My commission expires:
Uner	
^	
	(Please <u>DO NOT</u> Stamp or Sign outside this Box)

## **CALIFORNIA ALL- PURPOSE** 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 o	f California	}	
-	of <u>ALAMENA</u>	3	
On DE	$\mathcal{L}$ . 14, 2023 before me, $\mathcal{L}$	PAROLINE Y. NGUYEN, NOTHINY PLUS (Here insert name and title of the officer)	BUC,
who pro name(s he/she/ his/her/	oved to me on the basis of satisf is) is/are subscribed to the within they executed the same in his/h	MBRIDO AND LALAINE CRISTE DY MEMBRIDO , actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of e instrument.	
the fore	egoing paragraph is true and cores some seal.	cary Public Seal)	
	IONAL OPTIONAL INFORMATION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FO This form complies with current California statutes regarding notary if needed, should be completed and attached to the document. Acknow from other states may be completed for documents being sent to that st as the wording does not require the California notary to violate California	wording and, ledgments tate so long
	ription of attached document)	<ul> <li>State and County information must be the State and County where signer(s) personally appeared before the notary public for acknowled</li> <li>Date of notarization must be the date that the signer(s) personally apmust also be the same date the acknowledgment is completed.</li> </ul>	the document Igment. opeared which
Number of	Pages Document Date	<ul> <li>The notary public must print his or her name as it appears with commission followed by a comma and then your title (notary public)</li> <li>Print the name(s) of document signer(s) who personally appear a</li> </ul>	).
	CITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact	notarization.  Indicate the correct singular or plural forms by crossing off incorre he/shc/they, is /are ) or circling the correct forms. Failure to correctly information may lead to rejection of document recording.  The notary seal impression must be clear and photographically Impression must not cover text or lines. If seal impression smudge sufficient area permits, otherwise complete a different acknowledgme.  Signature of the notary public must match the signature on file with the county clerk.  Additional information is not required but could help to	y indicate this reproducible. es, re-seal if a ent form. In the office of
	rustee(s)	acknowledgment is not misused or attached to a different do	

Indicate title or type of attached document, number of pages and date.

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

Indicate the capacity claimed by the signer. If the claimed capacity is a

2015 Version www.NotaryClasses.com 800-873-9865

Other

	E OF NEVADA			
	ARATION OF VALUE			
1.	Assessor Parcel Number(s)	^		
	a) 1318-15-822-001 PTN			
	b)	\ \		
	c)	\ \		
	d)	\ \		
		\ \		
2.	Type of Property:	\ \		
	a) Vacant Land b) Single Fam. Res.	~ \ \		
	c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY		
	e) Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE		
		DATE OF RECORDING:		
	g) Agricultural h) Mobile Home	NOTES:		
	i) ✓ Other TIMESHARE			
		2050.00		
3.	Total Value/Sales Price of Property:	\$\$350.00		
	Deed in Lieu of Foreclosure Only (value of property)	0000000		
	Transfer Tax Value:	\$\$350.00		
	Real Property Transfer Tax Due:	\$\$1.95		
4	ICE-marking Claims to			
4.	If Exemption Claimed:  a. Transfer Tax Exemption per NRS 375.090, Se			
	b. Explain Reason for Exemption:	ction #		
	b. Explain Reason for Exemption.	<del>\ \ \ / </del>		
5	Partial Interest: Percentage being transferred: 10	0.0% 154,000/183,032,500		
٥.	Tartar interest, Teresinage being transferred.	0.0 /0 154,000/ 105,052,500		
The	The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS			
374	5.110, that the information provided is correct to the	hast of their information and helief and can be		
		late the information provided herein. Furthermore, the		
		ion, or other determination of additional tax due, may		
	ult in a penalty of 10% of the tax due plus interest a			
103	art in a penalty of 1078 of the tax due plus interest a	t 176 per monur.		
Pursua	nt to NRS 375.030, the Buver and Seller shall be joint	ly and severally liable for any additional amount owed.		
Signati	ure 9	Capacity Manager/Closing Company		
,,,,,		<i>)</i>		
Signati	ure	Capacity		
7				
/	SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION		
/	(REQUIRED)	(REQUIRED)		
		rint Name: SHARETIME HOLDINGS, LLC,		
		ddress: 5406 Hoover Blvd Ste 5		
City:		ity: Tampa		
State: _	CA Zip: 94547 S	tate: FL Zip: 33634		
\aa. =	A WARDA CON PROVINCE A CONTRACTOR OF THE CONTRAC			
	ANY/PERSON REQUESTING RECORDING			
(	required if not the seller or buyer)	77		
	ame: White Rock Group LLC	Escrow #		
	s: 700 South 21st Street	70001		
City:	Fort Smith State: AR	Zip: 72901		
(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)				