

DOUGLAS COUNTY, NV

2024-1007866

RPTT:\$1.95 Rec:\$40.00

\$41.95 Pgs=3

05/15/2024 09:16 AM

WILSON TITLE SERVICES

SHAWNYNE GARREN, RECORDER

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
and 1319-15-000-032

RECORDING REQUESTED BY:
WILSON TITLE SERVICES, LLC

WHEN RECORDED MAIL TO:
WILSON TITLE SERVICES, LLC,
A Delaware Limited Liability Company
9271 S. John Young Parkway
Orlando, Florida 32819

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

Timeshare ID (ICN):36028101250

Order No: 80001623-6675854

TRUSTEE'S DEED UPON SALE

The undersigned grantor declares:

- 1) The Grantee herein was the highest bidder at the Trustee's Sale.
- 2) The amount of the unpaid debt together with costs was \$ 7,465.24
- 3) The amount paid by the grantee at the trustee sale was \$500.00
- 4) The documentary transfer tax is \$1.95
- 5) Said property is in GENOA

WILSON TITLE SERVICES, LLC (herein called Trustee/Authorized Agent), as appointed Trustee/Authorized Agent under the Claim of Lien for Delinquent Assessments hereinafter described, does hereby grant and convey, but without covenant or warranty, express or implied, to **Holiday Inn Club Vacations Incorporated, a Delaware Corporation**, whose address is 9271 S. John Young Parkway, Orlando, Florida 32819, all of its right, title and interest in and to that certain property situated in the County of **Douglas**, State of Nevada, described as follows:

See Exhibit 'A' attached hereto and made a part hereof.

RECITALS: This conveyance is made pursuant to the powers conferred upon Trustee/Authorized Agent by that certain Claim of Lien for Delinquent Assessments dated **10/9/2023** and executed by **Walley's Property Owners Association, a Nevada nonprofit corporation**, and recorded on 10/11/2023 as Instrument Number **2023-1001343** of Official Records of Douglas County, Nevada, and after fulfillment of the conditions specified in said Claim of Lien for Delinquent Assessments authorizing this conveyance and pursuant to Nevada Revised Statutes and the provisions of the Sixth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's dated September 24, 2014 and filed of record 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 Resort recorded on November 2, 2018, in the Official Records of Douglas County, Nevada, in Book n/a, Page n/a, as Document Number 2018-921717, and all exhibits, amendments, and annexations thereto (collectively the "Declaration"); said Trustee having complied with all applicable statutory requirements of the State of Nevada, and performed all duties required by such Declaration.

The name(s) of the Owner(s) of the property is purported to be: **Arturo M. Campos**

A Default occurred as set forth In a Notice of Default and Election to Sell which was recorded on **10/16/2023**, as Instrument No. **2023-1001448** in the Office of the Recorder of said County.

All requirements of law regarding the mailing, personal delivery, and publication of copies of the Notice of Default and Election to Sell Under Claim of Lien for Delinquent Assessment and of the Notice of Trustee's Sale and the posting of copies of said Notice of Trustee's Sale have been complied with and such default still existed at the time of sale.

The Trustee/Authorized Agent is in compliance with said Notice of Trustee's Sale and in exercise of its powers under said Claim of Lien for Delinquent Assessments sold the herein described property at public auction on **Friday, January 12, 2024**.

Grantee, being the highest bidder at said sale, became the purchaser of said property for the amount bid being **\$500.00** in lawful money of the United States.

Date: 1/16/2024

WILSON TITLE SERVICES, LLC As Trustee/Authorized Agent,



Beth M. Cary, Authorized Signatory

State of Nevada

County of Clark

On 1/16/2024, before me, a Notary Public, personally appeared **Beth M. Cary**, authorized Signer for **Wilson Title Services, LLC**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person(s), or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature 

Lisa Lou Diehl, Notary Public
Commission No.17-1564-1
My Commission Expires 02/13/2025



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
a) 1319-15-000-015; 1319-15-000-020;
b) 1319-22-000-021; 1319-15-000-022
c) 1319-15-000-023; 1319-15-000-029;
d) 1319-15-000-030; through 032

2. Type of Property
a) Vacant Land b) Single Fam. Res.
c) Condo/Twnhs d) 2-4 Plex
e) Apt. Bldg. f) Comm'l/Ind'l
g) Agricultural h) Mobile Home
i) Other Timeshare

FOR RECORDERS OPTIONAL USE	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property: \$500.00
Deed in Lieu of Foreclosure Only (value of property) (\$ _____)
Transfer Tax Value: \$500.00
Real Property Transfer Tax Due \$1.95

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per 375.090, Section: _____
b. Explain reason for exemption: _____

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: Agent
Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Wilson Title Services, LLC, Trustee
Address: 4045 S Spencer Street A62
City: Las Vegas
State: NV Zip: 89119

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Holiday Inn Club Vacations
Address: 9271 S. John Young Pkwy
City: Orlando
State: FL Zip: 32819

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

Print Name: Wilson Title Services File Number: _____
Address 4045 S Spencer St A62
City: Las Vegas State: NV Zip: 89119

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