

DOUGLAS COUNTY, NV

RPTT:\$58.50 Rec:\$40.00

\$98.50 Pgs=3

WHITE ROCK GROUP, LLC

SHAWNYNE GARREN, RECORDER

2024-1010065

07/16/2024 08:21 AM

Prepared by or under the supervision of:

Christopher B Conley

Eck, Conley & Richardson, PLLC

700 South 21st Street

Fort Smith, AR 72901

Contract: 000572100143

Parcel Number: 1318-15-819-001 PTN

Number of Points: 1,650,000

ANNUAL Ownership

Mail Tax Bills to:

Wyndham Vacation Resorts, Inc.

180 Elks Point Road, Zephyr Cove

Lake Tahoe, NV 89448

After recording, please return to:

White Rock Group, LLC

700 South 21st Street

Fort Smith, AR 72901

479-242-0974

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

THAT, **ORRIN SHACKLEFORD**, whose address is 180 ELKS POINT ROAD, ZEPHYR COVE, LAKE TAHOE, 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 **TIMESHARE ACQUISITIONS, LLC**, a Florida limited liability company, whose address is 180 ELKS POINT ROAD, ZEPHYR COVE, LAKE TAHOE, 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, devisees, successors and assigns, the following described property located in Douglas County, Nevada to wit:

A **1,650,000/90,245,000** 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"). Less and except all minerals and mineral rights previously reserved.

The Property is a/an **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for **Fairfield Tahoe at South Shore** and such ownership interest has been allocated **1,650,000** Points as defined in the Declaration of Restrictions for **Fairfield Tahoe at South Shore** which Points may be used by the Grantee in **EACH** 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 February 17, 2023, at Deed Instrument Number 2023-993967.

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 executed on this 12 day of June, 2024.

GRANTOR:

Orrin Shackleford

ORRIN SHACKLEFORD
180 ELKS POINT ROAD, ZEPHYR COVE, LAKE TAHOE, NV 89448

Acknowledgment

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, **ORRIN SHACKLEFORD**, to me personally well-known or proven with valid identification, as the person(s) who executed the foregoing Deed and executed the same for consideration and purposes therein mentioned and set forth, and does hereby so certify.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

(SEAL)

See Attached

Notary Public
Printed Name: _____
My commission expires: _____

(Please **DO NOT** 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 of California }

County of Contra Costa }

On June 12, 2024 before me, Deanna Million, Notary Public
(Here insert name and title of the officer)

personally appeared ORRIN SHACKLEFORD,
 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(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.

Deanna Million
 Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Warranty Deed
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer _____
(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
 - 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 with a staple.

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1318-15-819-001
 - b) _____
 - c) _____
 - d) _____

- 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

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

- 3. Total Value/Sales Price of Property: \$ \$15,000.00
- Deed in Lieu of Foreclosure Only (value of property) (_____)
- Transfer Tax Value: \$ \$15,000.00
- Real Property Transfer Tax Due: \$ \$58.50

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # _____
 - b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100.0% 1,650,000/90,245,000

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 [Handwritten Signature] Capacity Manager / Title Co.
 Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: ORRIN SHACKLEFORD
 Address: 173 MARGIE DRIVE
 City: PLEASANT HILL
 State: CA Zip: 94523

Print Name: TIMESHARE ACQUISITIONS, LLC
 Address: 4793 Millenia Blvd, Suite 250B
 City: Orlando
 State: FL Zip: 32839

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: WHITE ROCK GROUP, LLC Escrow # _____
 Address: 700 SOUTH 21ST STREET
 City: FORT SMITH State: AR Zip: 72901

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