

APN: 1319-30-720-001 pt

STATE OF California
COUNTY OF Stanislaus

Return To:
TimeShare Closing Services
8545 Commodity Circle
Orlando, FL 32819
Escrw # ZPM11090711

DOC # 726101
07/01/2008 09:42AM Deputy: DW
OFFICIAL RECORD
Requested By:

VIN Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-708 PG-46 RPTT: 0.00



CERTIFICATION OF TRUST

BEFORE ME, the undersigned authority, personally appeared Albert F. Veldstra and Marcella A. Veldstra, ("Affiant") who deposes and says:

A. This Certification pertains to the following trust (insert name of trust and reference any amendments thereto): Veldstra Family 1996 Trust

(the "Trust"), which was executed on Feb. 22, 1996 and is currently in existence.

B. The name of each settlor (creator) of the Trust is: Albert F. Veldstra and Marcella A. Veldstra

C. The identity and address of the currently acting trustee(s) are:
Albert F. Veldstra and Marcella A. Veldstra
10080 Victory Ave, Oakdale, Ca. 95361

D. The trustees of the Trust have full power and authority to mortgage and convey real property, including the property described on Exhibit "A" attached hereto and made a part hereof (the "Property"), and to sign all closing documents, without the consent of any beneficiary.

E. The Trust is revocable or irrevocable. If revocable, the name of each person holding a power to revoke the Trust is: Albert F. Veldstra, Marcella A. Veldstra

(If left blank, the settlor(s) are the only person(s) with power of revocation.)

F. The authority of the trustees as set forth in Paragraph D. above may be executed by Affiant alone, as trustee of the Trust, without the necessity of any other co-trustee signing or otherwise authenticating such instruments unless indicated otherwise herein. Indicate the name of any co-trustee whose signature is required:

N/A

G. If the Trust is acquiring title to the Property, title shall be acquired as follows:
N/A

H. The Trust has not been revoked or amended so as to cause the representations contained in this Certification to be incorrect.

I. If any settlor listed in Paragraph B. above is deceased and the Property was the homestead of that settlor at the date of death, I hereby represent that said settlor was not survived by a minor child. Further, I hereby represent that said settlor was not survived by a spouse, unless said spouse was also one of the settlors of the Trust.

J. An authentic copy of the Trust, pertinent excerpts from the Trust or related documents may be attached hereto as Exhibit "B" and, if so, shall be incorporated herein and shall be made a part hereof.

Albert F. Veldstra
(Signature of Affiant)

ALBERT F VELDSTRA
(Print Name of Affiant)

Marcella A. Veldstra
(Signature of Affiant)

MARCELLA A VELDSTRA
(Print Name of Affiant)

Sworn and subscribed to before me, a Notary Public, this _____ day of _____, 20____, by Albert F. Veldstra and Marcella A. Veldstra, who was personally known to me _____ or produced the following as identification: _____

SEE ATTACHED JURAT

(Signature of Notary)

(Print Name of Notary)



CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Albert F. Veldstra
 Signature of Document Signer No. 1

Marcella A. Veldstra
 Signature of Document Signer No. 2 (if any)

State of California
 County of STANISLAUS

Subscribed and sworn to (or affirmed) before me on this
22nd day of APRIL, 2008, by
Date Month Year

(1) ALBERT F. VELDSTRA
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) (.)

(and

(2) MARCELLA A. VELDSTRA
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)

Signature [Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here