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KAREN ELLISON, RECORDER

APN# N/A

Recording Requested by/Mail to:

Name: GUNTER-HAYES & ASSOC,  
Address: 3200 TYLER ST, SUITE D  
City/State/Zip: CONWAY, AR 72034

Mail Tax Statements to:

Name: N/A  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

CERTIFICATION OF TRUST

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF TRUST**

\* \* \*

Contract Number: 000571102565

This Certification of Trust is made this 28 day of March, 2017, by the undersigned and hereby certifies the following:

1. That certain Trust known as Barbara Seemann trust Dated July 18, 2006

(the "Trust") was duly executed and created by Barbara Seemann, Settlor(s) or Trustee(s), on 28 of March 2017, and remains in full force and effect as of the date hereof.

2. The undersigned, Barbara Seemann, whose address is PO BOX 12457, ZEPHYR COVE, NV 89448 is the current duly authorized and acting Trustees of the Trust. An authentic copy of the Trust, pertinent excerpts from the Trust or related documents may be attached hereto as Exhibit "A" and, if so, shall be incorporated herein and shall be made a part hereof to establish the undersigned as the currently acting Trustee of Trust.

3. The Trust grants the undersigned full power and authority to sell, convey, lease, encumber, mortgage, manage and otherwise dispose of any and all trust property including, without limitation, the property described in the deedback or deed in lieu attached hereto and being recorded concurrently herewith.

4. The Trust authorizes the undersigned to execute any and all documents required in connection with any sale, lease, mortgage or other transfer, including, without limitation, deeds, mortgages, certifications, affidavits, closing statements and other related documents.

5. The Trust is:

(NOTE: Initial and complete, the applicable provision set forth below.)

BAA Trust is Revocable and the power to revoke is held by \_\_\_\_\_.

Trust is Irrevocable.

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

7. The taxpayer identification number for the Trust is: N/A - same as social security number.  
(NOTE: This section may be left blank if the taxpayer identification number is the same as the social security number of a party to the trust instrument and this document is to be recorded in the public record)

8. The authority of the trustee(s) as set forth in Paragraph 1 above may be executed by the undersigned alone, as trustee(s) 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: \_\_\_\_\_

9. The Trust has not been revoked, modified or amended in any manner that would cause any representation or certification contained herein to be untrue or incorrect in any manner.

10. The undersigned hereby acknowledge and agree that this Certification of Trust is being made with full understanding that it will be relied upon to establish the truth of the matters set forth herein.

IN WITNESS WHEREOF, the undersigned have duly executed and delivered this Certification of Trust, the day and year first above written.

Barbara Siemann, Trustee  
Trustee: BARBARA SIEMANN, TRUSTEE

Jocelyn G. Madrazo  
Witness #1 Signature  
Print Name: Jocelyn G. Madrazo

Danna L. Brenner  
Witness #2 Signature  
Print Name: DANNA L. BRENNER

STATE OF Nevada )  
COUNTY OF Washoe ) ss.

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of March, 2017 by BARBARA SIEMANN, TRUSTEE, who is personally known to me or has produced a driver's license as a type of identification and who did/~~did not~~ take an oath.

Signature: Connie Rockwell  
Print Name: Connie Rockwell  
Notary Public, State of Nevada  
Serial Number, if any: \_\_\_\_\_  
My Commission Expires: 8-8-18

