

APN# 1318-15-818-001 PTN

Recording Requested by/Mail to:

Name: White Rock Group, LLC

Address: 700 S 21st Street

City/State/Zip: Fort Smith, AR 72901

Mail Tax Statements to:

Name: Wyndham Vacation Resorts, Inc.

Address: 6277 Sea Harbor Drive

City/State/Zip: Orlando, FL 32821

Certification of Trust

**Title of Document** (required)

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

The undersigned hereby affirms that the document submitted for recording DOES contain 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

Shawna Corrigan

Printed Name

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

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

**CERTIFICATION OF TRUST**

\* \* \*

Contract Number: 000170508055

This Certification of Trust is made this 12<sup>th</sup> day of December, 2018, by the undersigned and hereby certifies the following:

1. That certain Trust known as Reed Family Trust

(the "Trust") was duly executed and created by Jerome H. Reed and Patricia Reed, Settlor(s) or Trustee(s), on September 1, 1994, and remains in full force and effect as of the date hereof.

2. The undersigned, Jerome H. Reed & Patricia Reed, 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.)**

Trust is Revocable and the power to revoke is held by Jerome H. Reed and Patricia Reed.

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.

Jerome H. Reed  
Trustee: JEROME H REED, TRUSTEE

[Signature]  
Witness #1 Signature  
Print Name: Lesley Pennington

[Signature]  
Witness #2 Signature  
Print Name: Jane Lewis

STATE OF Kansas )

COUNTY OF Ellis ) ss.

The foregoing instrument was acknowledged before me this 12 day of December, 2018 by JEROME H REED, 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: [Signature]  
Print Name: Hannah Mosier  
Notary Public, State of Kansas  
Serial Number, if any: 1153932  
My Commission Expires: 10/26/2022

Patricia Reed

Trustee: PATRICIA REED, TRUSTEE

Lesley Pennington

Witness #1 Signature

Print Name: Lesley Pennington

Jane Lewis

Witness #2 Signature

Print Name: Jane Lewis

STATE OF Kansas )

) ss.

COUNTY OF Ellis )

The foregoing instrument was acknowledged before me this 12 day of December, 2018 by PATRICIA REED, 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: Hannah Mosier

Print Name: Hannah Mosier

Notary Public, State of Kansas

Serial Number, if any: 1153932

My Commission Expires: 10/26/2022

