DOUGLAS COUNTY, NV

Rec:\$35.00

\$35.00

Pgs=6

2019-936253 10/07/2019 09:35 AM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN# 1318-15-822-001 PTN 1318-15-823-001-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)
Shawna Corrigan
Printed Name .
This document is being (re-)recorded to correct document #, and is correcting

CERTIFICATION OF TRUST

SF (1) Tahoe	New Contract Number: 00/65-1900067Traded Contract Number: 57/600 865 Tahoo Split Contract Number: 000224-1900154 /65/11/06772 5F
(2)	TH C
(3)	That certain Trust known and named as 2009 Raymond J. Narbaitz and Bette J. Narbaitz Revocable Trust
. (4)	The Trust was duly executed and created by Raymond J. Narbaitz [name(s) of Settlor(s)/creator(s) of Trust] and Bette J. Narbaitz [name(s) of Settlor(s)/creator(s) of Trust] , Settlor(s).
(5)	The Trust was made on Oct. 14, 2009, and modified or amended on [date Trust was made] and remains in full force and effect as of the date hereof. [date Trust was modified or amended, if applicable; otherwise put N/A]
(6)	The Trust is: (NOTE: Check the applicable provision set forth below.) Trust is Revocable and the power to revoke is held by:
(7)	Raymond J. Narbaitz and Bette J. Narbaitz [name(s)] Trust is Irrevocable. The current duly authorized and acting Trustee(s) of the Trust is/are Raymond J. Narbaitz and Bette J. Narbaitz
(8)	Whose address is 26 Brook vine Circle Chico CA 95973 An authentic copy of the Trust, pertinent excerpts from the Trust, modifications or amendments to 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 current acting Trustee(s) of Trust. The names of all Successor Trustees listed in the order of their succession is as follows: Co-trustee 5 Sarah J. Sears + Raymond J. Narbaitz, III
	and Kristen Hoagland

- (9) If there is more than one trustee: (a) the undersigned has the authority to sign or otherwise authenticate the existence of the Trust without joinder of the co-trustees, and (b) the undersigned has the authority to exercise the powers listed above without joinder of the co-trustees.
- (10) 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 deed back or deed in lieu attached hereto and being recorded concurrently herewith.
- (11) 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.
- (12) 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.)
- (13) 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.
- (14) 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.



Trust, the day and year first above written.	ave duly executed and delivered this Certification of
Signature Rx Was Citat	Signature Bette J. narbails
	Trustee: Bette J. Narbaitz
Trustee: KAV WARBA (PZ) [type or print name of trustee under signature]	[type or print name of trustee under signature]
type or print name of it usive under signature;	tispe or print name of trustee under signature
Signature	Signature
Trustee:	Trustee:
Trustee: [type or print name of trustee under signature]	[type or print name of trustee under signature]
CTATE OF	
STATE OF)	
COUNTY OF	
The foregoing instrument was acknowledged bel	
who is personally known to me or has produced	Trustee(s) a driver's license as a type of identification and who
did/did not take an oath	a driver's needse as a type of identification and who
6	Signature:
	Print Name:
car additioned	Notary Public, State of
.0.0	
. 4	Serial Number, if any:
// /	My Commission Expires:
	/ / ~
\ \	\ \
))
	/ /
C	
The state of the s	

ACKNOWLEDGMENT

A notary public or other officer completing this

certificate verifies only the ident who signed the document to wh attached, and not the truthfulner validity of that document.	nich this certificate is
State of California County of Butte	
on February 6,2019	before me, Stephanie Lewis, Notary Public (insert name and title of the officer)
subscribed to the within instrument his/her/their authorized capacity(ie	satisfactory evidence to be the person(s) whose name(s) is/are at and acknowledged to me that he/she/they executed the same in es), and that by his/her/their signature(s) on the instrument the lf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PER. paragraph is true and correct.	JURY under the laws of the State of California that the foregoing
WITNESS my hand and official se	Commission # 2235458 My Comm. Expires Mar 23, 2022
Signature	(Seal)

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
	On February 6, 2019 before me, Stephanie Lewis, Notary Public (insert name and title of the officer)
	personally appeared <u>Bette J. Now boits</u> , 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 ne/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. STEPHANIE LEWIS Notary Public - California Butte County Commission # 2235458 My Comm. Expires Mar 23, 2022
	Signature (Seal)
e e	