

APN# 1318-15-822-001 PTN 1318-15-823-001 PTN

**Recording Requested by/Mail to:**

Name: White Rock Group, LLC

Address: 701 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

\*\*\*

(1) New Contract Number: 000571900114 Traded Contract Number: 002241519834  
Split Contract Number: \_\_\_\_\_

(2) This Certification of Trust is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the undersigned and hereby certifies the following:

(3) That certain Trust known and named as THE MICHAEL W. SULLIVAN AND CHRISTINE A. SULLIVAN REVOCABLE TRUST DATED AUGUST 17, 1999  
*[name of Trust]*  
\_\_\_\_\_, (the "Trust").

(4) The Trust was duly executed and created by MICHAEL W. SULLIVAN AND CHRISTINE A. SULLIVAN  
*[name(s) of Settlor(s)/creator(s) of Trust]*  
\_\_\_\_\_, Settlor(s).

(5) The Trust was made on AUGUST 17, 1999, 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:  
MICHAEL W. SULLIVAN AND CHRISTINE A. SULLIVAN  
\_\_\_\_\_  
*[name(s)]*

Trust is Irrevocable.

(7) The current duly authorized and acting Trustee(s) of the Trust is/are  
MICHAEL W. SULLIVAN AND CHRISTINE A. SULLIVAN  
\_\_\_\_\_  
*[name(s) of trustee(s)]*

Whose address is 12989 HAWKINS DRIVE SAN RAMON, CA. 94583

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.

(8) The names of all Successor Trustees listed in the order of their succession is as follows:  
\_\_\_\_\_  
*[name(s) of successor trustee(s)]*

New Contract No. 000571900114

- (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.

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

Signature Michael W. Sullivan  
Trustee: MICHAEL W. SULLIVAN  
[type or print name of trustee under signature]

Signature CHRISTINE A. SULLIVAN  
Trustee: Christine A. Sullivan  
[type or print name of trustee under signature]

Signature \_\_\_\_\_  
Trustee: \_\_\_\_\_  
[type or print name of trustee under signature]

Signature \_\_\_\_\_  
Trustee: \_\_\_\_\_  
[type or print name of trustee under signature]

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 CA )

County of Contra Costa )

On this 07/15/2019 before me, Devendra Patel, Notary Public, personally appeared Michael W. Sullivan & Christine A. Sullivan 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.

Signature: [Signature]  
Print Name: Devendra Patel  
Notary Expiration: 08/06/2021  
Notary Public in and for said County and State Contra Costa & CA

