

APN# 1318-15-820-001 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

Contract Number: 000571401140

This Certification of Trust is made this 10 day of August, 2019, by the undersigned and hereby certifies the following:

1. That certain Trust known as The Clifford and Wana Weyrick Family Trust

(the "Trust") was duly executed and created by Clifford J Weyrick and Wana Weyrick, Settlor(s) or Trustee(s), on May 17, 2003, and remains in full force and effect as of the date hereof.

2. The undersigned, Wana C. Weyrick, Trustee 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 Wana C. Weyrick, Trustee

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: None

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.

Wana C. Weyrick 8-12-2019
Trustee: WANA C WEYRICK, TRUSTEE

Witness #1 Signature
Print Name: _____

Witness #2 Signature
Print Name: _____

STATE OF _____)

) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by WANA C WEYRICK, 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. *SEE ATTACHED CERTIFICATE*

Signature: _____
Print Name: _____
Notary Public, State of _____
Serial Number, if any: _____
My Commission Expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Tulare)

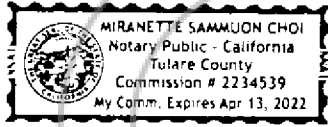
On 08/12/2019 before me, Miranette Sammuon Choi, a notary public
Date Here Insert Name and Title of the Officer

personally appeared Wanda C. Weyrick
Name(s) of Signer(s)

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]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certification of Trust
Document Date: 08/12/2019 Number of Pages: 2
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Wanda C. Weyrick Signer's Name: _____
 Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____
 Partner — Limited General Partner — Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer Is Representing: _____ Signer Is Representing: _____