

APN# 1318-15-817-001 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: 000570503250

This Certification of Trust is made this 30 day of May, 2019, by the undersigned and hereby certifies the following:

1. That certain Trust known as Arlan R. Johnson and Sally P. Johnson  
Joint Living Trust dated April 29, 2004

(the "Trust") was duly executed and created by Arlan R. Johnson and Sally P. Johnson, Settlor(s) or Trustee(s), on April 29, 2004, and remains in full force and effect as of the date hereof.

2. The undersigned, Arlan R. Johnson & Sally P. Johnson 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.)



(ARJ) Trust is Revocable and the power to revoke is held by Arlan R. Johnson & Sally P. Johnson.

( ) 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)



Sally P Johnson  
Trustee: SALLY P JOHNSON, TRUSTEE

Steven P. Celency  
Witness #1 Signature  
Print Name: Steven P. Celency

Kathra D. Parker  
Witness #2 Signature  
Print Name: Kathra D. Parker

STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF PEORIA )

The foregoing instrument was acknowledged before me this 30 day of May, 20 19  
by SALLY P JOHNSON, 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: Jane E. Ohaver  
Print Name: Jane E. Ohaver  
Notary Public, State of Illinois  
Serial Number, if any: \_\_\_\_\_  
My Commission Expires: 9.13.2019

