DOUGLAS COUNTY, NV

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2019-939615

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12/16/2019 09:34 AM

WHITE ROCK GROUP, LLC
KAREN ELLISON, RECORDER

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.	1
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 con-	rrecting

Contract: 000570503250

CERTIFICATION OF TRUST

* * *

Contract Number: 000570503250			
This Certification of Trust is made this			
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 remain			
in full force and effect as of the date hereof.			
2. The undersigned, <u>Arlan R. Johnson & Sally P. Johnson</u> 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.			
establish the undersigned as the currently ucting reasons or reasons			
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 <u>attached hereto</u> 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.)			
As A sale and a second and a second as			
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)			

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:
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.
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.
Trustee: ARLAN RUONNSON, TRUSTEE Witness #1 Signature Print Name: Steven C. Glan
Witness #2 Signature
STATE OF
The foregoing instrument was acknowledged before me this 30 day of May, 20 19 by ARLAN R JOHNSON, TRUSTEE, who is personally known to me or has produced a driver's license
Signature: Signature: Print Name: Jane E. Chave Notary Prolic, State of Jilinois
Serial Number, if any: My Commission Expires: 9. /3. >0/9 OFFICIAL SEAL
JANE E OHAVER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/13/19

	Contract: 000570503250
Trustee: SALLY P JOHNSON, TRUSTEE	Witness #1 Signature
Trustee. SALET I SOUNSON, INOSTEE	Print Name: Steven (e con c
	Latina I larker
CTATE OF T. MOSS	Witness #2 Signature Print Name: Market Di Park
STATE OF <u>ILLINOIS</u>) (COUNTY OF <u>PEORIA</u>)	
	his 30 day of May , 20 19
The foregoing instrument was acknowledged before me to by SALLY P JOHNSON, TRUSTEE, who is personally a type of identification and who did/did not take an oath.	known to me or has produced a driver's license as
	Signature: Dan & Olann
	Print Name Tan E. Ohever Notary Public, State of Illinois
	Serial Number, if any:
	My Commission Expires: 9, 19. 2019
	OFFICIAL SEAL JANE E OHAVER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/13/19
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