

DOUGLAS COUNTY, NV **2021-965135**
Rec:\$40.00
\$40.00 Pgs=6 **04/08/2021 12:02 PM**
WHITE ROCK GROUP, LLC
KAREN ELLISON, RECORDER

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 1318-15-818-001-PTN

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT
(DO NOT Abbreviate)

Certification of Trust

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

White Rock Group, LLC

RETURN TO: Name White Rock Group, LLC

Address 700 S 21st Street

City/State/Zip Fort Smith, AR 72901

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Wyndham Vacation Resorts, Inc.

Address 265 East Harmon Avenue

City/State/Zip Las Vegas, NV 89169

This page provides additional information required by NRS 111.312 Sections 1-2.
To print this document properly, do not use page scaling.
P:\Common\Forms & Notices\Cover Page Template Oct2017

CERTIFICATION OF TRUST

* * *

Contract Number: 000570802298

This Certification of Trust is made this 27th day of OCT, 2020 by the undersigned and hereby certifies the following:

1. That certain Trust known as Randell N Storb and Marilee Storb Revocable Trust Agreement

(the "Trust") was duly executed and created by Randell N Storb and Marilee Storb, Settlor(s) or Trustee(s), on June 23 1999, and remains in full force and effect as of the date hereof.

2. The undersigned, Randell N and Marilee Storb 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 Randell N Storb and Marilee Storb

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)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

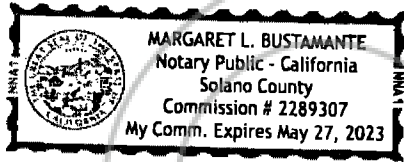
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Solano

On 10/27/2020 before me, Margaret L. Bustamante Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Randell N. Storbo
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 Margaret L. Bustamante
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Marcie Storbo
Trustee: MARCIE STORBO, TRUSTEE

Anne Marie Sauerwein
Witness #1 Signature
Print Name: Anne Marie Sauerwein

Ana Montes
Witness #2 Signature
Print Name: Ana Montes

STATE OF _____)

) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by MARCIE STORBO, 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: see Attached
Print Name: _____
Notary Public, State of _____
Serial Number, if any: _____
My Commission Expires: May 27, 2023

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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State of California }
County of Solano }

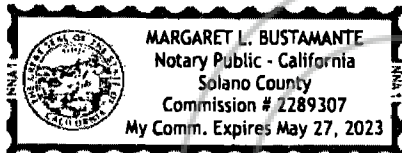
On Oct 27, 2020 before me, Margaret L. Bustamante, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Marcie Storbo
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.

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Signature Margaret L. Bustamante
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____