DOUGLAS COUNTY, NV

2021-965135

Rec:\$40.00 \$40.00

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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/assrrealprop/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 docume 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 24 day of 0 CT 2020 by the undersigned
and however exercises the Callerine
and hereby certifies the following:
1. That certain Trust known as Randell N STORBO and Markey
STONDO Re WORDED TRUST ACCICEMENT
(the "Trust") was duly executed and created by Panaloll N Stord oa & MARTIE S
, Settlor(s) or Trustee(s), on Jone 23 1959, and remains in full force and effect as of the date hereof.
in tun Torce and effect as of the date hereon.
2. The undersigned, By and MARCE Stev be 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 <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.
Continuous, arrestas, cioning superioris and totales 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
Randelli Stocks and Manere Stocks
() 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)

Contract: 000570802298

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:		
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.		
Trustee: RANDELL N STORBO, TRUSTEE Witness #1 Signature Print Name: Tug Montes		
STATE OF) STATE OF) COUNTY OF)		
The foregoing instrument was acknowledged before me this		
Signature: <u>bee Attached</u> Print Name: Notary Public, State of Serial Number, if any: <u>Q 2 B9 30 7</u> My Commission Expires: May 27, 2023		
iviy Commission Exputs. Many & Commission Commission of the Commis		

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	1
County of Sdano	
on 10/27/2020	before me, Margaret L. Butamante Notary Public. Here Insert Name and Title of the Officer
Date	Here Insert Name and Title of the Officer
personally appeared Rand	ell N. Storbo
	Name(s) of Signer(s)
The state of the s	

who proved to me on the basis of satisfactory evidence to be the person(a) whose name(a) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/ber/their authorized capacity(ies), and that by his/hef/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

Place Notary Seal and/or Stamp Above

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: 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 □ Guardian or Conservator □ Trustee Other: □ Other: _ Signer is Representing: Signer is Representing:

OPTIONAL

Contract: 000570802298

Trustee: MARCIE STORBO, TRUSTEE	Ame Maria Sauerwein Witness #1 Signature Print Name: Anne Marye Saverne
STATE OF)	Witness #2 Signature Print Name: Haa Moutes
) ss.	
by MARCIE STORBO, TRUSTEE, who is personally type of identification and who did/did not take an oath.	Signature:

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

ON THE PROPERTY OF THE PROPERT 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 before me, <u>Marganett. Buslamante</u> Notar Here Insert Name and Title of the Officer Storbo personally appeared Inanci-Name(\$) of Signer(\$) 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 MARGARET L. BUSTAMANTE paragraph is true and correct. Notary Public - California Solano County Commission # 2289307 WITNESS my hand and official seal. My Comm. Expires May 27, 2023 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: 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: