

RECORDING COVER PAGE

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

APN# 1318-15-819-001 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: 000570603647

This Certification of Trust is made this 6 day of April, 2021, by the undersigned and hereby certifies the following:

1. That certain Trust known as 2005 Flores Family Revocable Living Trust Dated April 11, 2005

(the "Trust") was duly executed and created by David R. Flores + Rosalinda Flores, Settlor(s) or Trustee(s), on May 11, 2018, and remains in full force and effect as of the date hereof.

2. The undersigned, David R. Flores + Rosalinda Flores (revised), 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.)

(RF/DRO) Trust is Revocable and the power to revoke is held by _____

(_____) 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 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 Santa Cruz)

On 04/06/2021 before me, Miguel Angel Tobon, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared David R. Flores
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 [Handwritten 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: _____ 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: _____

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 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Rosalinda Flores

Trustee: ROSALINDA FLORES, TRUSTEE

Please see attached document

Notary Public: *[Signature]*

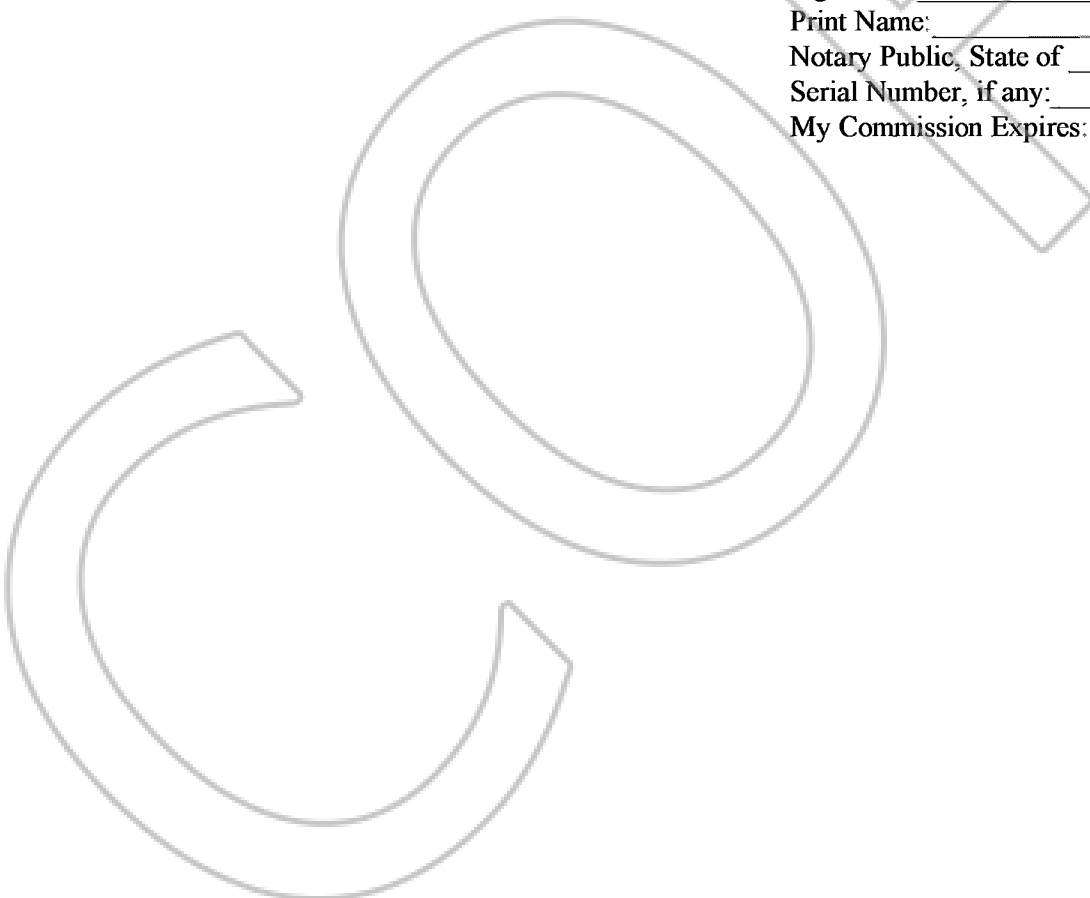
[Signature]
Witness #1 Signature
Print Name: Dylan Florence

[Signature]
Witness #2 Signature
Print Name: Sagar Patel

STATE OF California)
COUNTY OF Santa Cruz) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by ROSALINDA FLORES, 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: _____
Print Name: _____
Notary Public, State of _____
Serial Number, if any: _____
My Commission Expires: _____



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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: _____

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 Trustee Guardian or Conservator
 Other: _____
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