DOUGLAS COUNTY, NV

2021-971512

Rec:\$40.00 \$40.00

Pgs=6

07/27/2021 03:04 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# 1318-15-819-001 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)

(DO NOT ADDITIONAL)
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
MAIN TAY OT ATHEMEN'T TO (A - 15 - 14 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
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

Contract: 000570603647

CERTIFICATION OF TRUST

* * *

Contract Number: 000570603647
This Certification of Trust is made this day of, 20_1, by the undersigned and hereby certifies the following:
1. Revocable Living Trust Dated April 11, 2005
(the "Trust") was duly executed and created by Pavid R. Floves + 205a in an Hoves. 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 Rosalinea Follow 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.
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
() 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
(170 E. This section may be left blank if the taxpayor 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: 000570603647

undersigned alone, as trustee(s) of the Trust, without the notherwise authenticating such instruments unless indicated co-trustee whose signature is required:	ecessity of any other co-trustee signing or otherwise hereing indicate the name of any
9. The Trust has not been revoked, modified or amer representation or certification contained herein to be untrue	-
10. The undersigned hereby acknowledge and agree the full understanding that it will be relied upon to establish the	
IN WITNESS WHEREOF, the undersigned have duly exe the day and year first above written.	ecuted and delivered this Certification of Trust,
Oour R Hores Trustee: DAVID R FLORES, TRUSTEE	aman
	Witness #1 Signature Print Name: Dylen Fluvance
	Witness #2 Signature Print Name: Sagar Publ
STATE OF	
The foregoing instrument was acknowledged before me the by DAVID R FLORES. TRUSTEE, who is personally kn 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:
_ / /	

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, Mi	duel Annal Tobon , Notary Public ,			
Date	Here Insert Name and Title of the Officer			
personally appeared David R. F	Flores			
personally appeared	Name(s) of Signer(s)			
/	Name(t) of Signetter			
subscribed to the within instrument and acknowl his/leer/(beir authorized capacity(ies), and that by hi or the entity upon behalf of which the person(e)-ac	\ \ / /			
	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.			
MIGUEL ANGEL TOBON Commission # 2261080 Notary Public - California Santa Cruz County My Comm. Explres OCTOBER 04, 2022	Signature of Notary Public			
Place Notary Seal Above	TIONAL			
Though this section is optional, completing this	information can deter alteration of the document or form to an unintended document.			
Description of Attached Document				
Title or Type of Document:	Document Date:			
Number of Pages: Signer(s) Other Tha	n Named Above:			
Capacity(ies) Claimed by Signer(s)	Cimpada Nama			
Signer's Name: Corporate Officer — Title(s):	Signer's Name:			
☐ 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:			

Contract: 000570603647

Rosalind	a Jul		
Trustee: ROSALINI	DA FLORES, TRUSTEE	malada	\ \
		Witness #1 Signature	_
	Please see attached document,	Print Name:	Florence
	Notary Public, Julyweiff (1)	6	
,	. // /	Witness #2 Signature	0/1
STATE OF <u>Cal</u>	fornia	Print Name: Sagar	parci
COUNTY OF Sa	Hacryz)ss.		
			`
The foregoing instrume	nt was acknowledged before ma RES, TRUSTEE, who is perso	e this day of	20
	on and who did/did not take an		Addeed a driver's ficens
		\\ / /	
		Signature: Print Name:	
		Notary Public, State of	
		Serial Number, if any:	
/		My Commission Expires	*
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A notary public or other officer completing this certificate document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California)	~ \ \
County of Santa Cruz	1 /
On 04/06/2021 before me, Mig	wel thige Tobaco Notary Public
Date Deloie me, 7019	Here Insert Name and Title of the Officer
Dani.	
personally appeared <u>Cosalinda</u>	tores
	Name(s) of Signers
subscribed to the within instrument and acknowle his/her/their authorized capacity(ies), and that by fits or the entity upon behalf of which the person(s)-act	evidence to be the person(s) whose name(s) is/and dged to me that he/she/they executed the same in /her/their signature(s) on the instrument the person(s) ad, executed the instrument. certify under PENALTY OF PERJURY under the laws
0	f the State of California that the foregoing paragraph true and correct.
**************************************	VITNESS my hand and official seal.
MIGUEL ANGEL TOBON Commission # 2261086 S	ignature Myrman Public
Place Notary Seal Above	IONAL
Though this section is optional, completing this is	nformation can deter alteration of the document or 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:	Signer's Name:
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:Signer Is Representing:	Other:
Signer Is Representing:	Signer Is Representing:
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