

APN# 1318-15-818-001 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.

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 correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF TRUST**

\* \* \*

Contract Number: 000572000058

This Certification of Trust is made this 4<sup>th</sup> day of August, 2023 by the undersigned and hereby certifies the following:

1. That certain Trust known as \_\_\_\_\_  
FERNANDO Q. DEOCAMPO AND ROSIE D. DEOCAMPO REVOCABLE TRUST

(the "Trust") was duly executed and created by FERNANDO Q. DEOCAMPO AND ROSIE D. DEOCAMPO, Settlor(s) or Trustee(s), on June 20, 1998, and remains in full force and effect as of the date hereof.

2. The undersigned, FERNANDO Q. DEOCAMPO AND ROSIE D. DEOCAMPO, 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.)

RO RD ) Trust is Revocable and the power to revoke is held by  
FERNANDO Q. DEOCAMPO AND ROSIE D. DEOCAMPO

( ) 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)

IN WITNESS WHEREOF, the undersigned have duly executed and delivered this Certification of Trust, the day and year first above written.

Signature Fernando Deocampo  
Trustee: FERNANDO DEOCAMPO  
[type or print name of trustee under signature]

Signature Rosie Deocampo  
Trustee: ROSIE DEOCAMPO  
[type or print name of trustee under signature]

Signature \_\_\_\_\_  
Trustee: \_\_\_\_\_  
[type or print name of trustee under signature]

Signature \_\_\_\_\_  
Trustee: \_\_\_\_\_  
[type or print name of trustee under signature]

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 Clara )

On this 08/04/2023 before me, Michael Austin, Notary Public, personally appeared Fernando Deocampo & Rosie Deocampo 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: Michael Austin  
Print Name: Michael Austin  
Notary Expiration: 04/27/2026  
Notary Public in and for said County and State  
San Jose California  
Santa Clara County

