

## **CERTIFICATION OF TRUST**

I/We, _	/e,, trustee(s) (	trustee(s) confirm the following facts:			
1.	1. The	_ (Name of Trust)			
	Is currently in existence and was executed on	·			
2.	The settlor(s)/grantor/trustor of the trust is/are:				
3.	The currently acting trustee(s) of the trust is (are):				
4.	The power of the trustee(s) includes:				
	a. The powers to sell, convey and exchange YES NO (	olease check one)			
	b. The power to borrow money and encumber the trust property wi	h a deed of trust of mortgage			
	YES NO (please check one)				
5.	5. The trust is REVOCABLE IRREVOCABLE (please check one	and the following party(ies), if any, is(are			
	identified as having the power to revoke the trust:				
6.	6. The trust DOES DOES NOT (please check one) have mu	tiple trustees. If the trust has multiple			
	trustees, the signature of: please mark one of the following				
	ALL				
	ANY (specify number) of the Trustees are required to	exercise the powers of the Trust.			
7.	7. The Trust identification number is: (Social Se				
	No./Employer ID).				
8.	Title to trust assets is to be taken in the following manner:				
9.	The trust does not contain an unusual impairment of the lender's rights, (i.e., distributions required to be				
	made in specified amounts from other than net income)				
10	10. The Trust has not been revoked, modified, or amended in any mar	ner, which would cause the			
	representation s contained in this Certification of Trust to be incorr	ect.			

The undersigned trustee(s) declare(s) that the trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. The Certification is executed by all of the currently acting trustees of the Trust pursuant to Section 18100.5 of the Probate Code.









Dated			
STATE OF			
COUNTY OF			
On	before me,		,
personally appeared			, who proved to me on
the basis of satisfactory ev	vidence to be the person(s) w	hose name(s) is/are subs	scribed to be within instrument and
acknowledged to me that	he/she/they executed the sa	me in his/her/their autho	orized capacity(ies), and that by
his/her/their signature(s)	on the instrument the person	(s), or the entity upon beh	half of which the person(s) acted,
executed the instrument.			
I certify under the PENAL1	Y OF PERJURY under the law	s of the State of	that the foregoing
paragraph is true and corr	ect. WITNESS my hand and o	fficial seal.	
		(Notany S	Soal) Signaturo





