**CERTIFICATE OF TRUST**

|  |  |  |
| --- | --- | --- |
| **STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **)****)****)** | **ss.** |

Regarding the Trust dated I, {Trustee} , on oath, state:

 **1.** This Trust is in existence as of the date of this Certificate, and I have no actual knowledge of the revocation, termination, limitation, or modification of the Trust, or of my authority.

 **2.** The Trustor of the Trust is .

 **3.** I am acting Trustee, as of the date of this Certificate and my address and phone number are:

 .

 **4.** The Trustee powers are reflected in the attached Exhibit A.

 **5.** This trust is □ Revocable □ Irrevocable as of the date of this certificate.

 **6.** If multiple Trustees are identified in 3, above, the signatures of all trustees is □ required, □ not required, □ required for specific actions: (identify) .

 DATED this day of ,20 .

Trustee/Attorney

 SUBSCRIBED AND SWORN to before me this day of , 20 ..

 (Print Name)

Notary Public in and for the State of .

residing at: .

My Commission Expires: .