RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

**Name**

**Address**

**City, State Zip**

Title Order No.

Escrow No.

**Certification of Trustee**

[California Probate Code Section 18100.5]

**I (We),** **, trustee(s) confirm the following facts:**

1. The (Name of Trust) is currently in existence and was created on (Date of creation of Trust)
2. The settlor(s) of the trust are as follows:
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 (Check One) [b] The power to borrow money and encumber the trust property with a deed of trust or mortgage [ ]  Yes [ ]  No (Check One)
5. The trust is [ ]  Revocable [ ]  Irrevocable and the following party(ies) if any, is (are) identified as having the power of to revoke the trust:
6. The Trust [ ]  Does [ ]  Does Not have multiple trustees. If the trust has multiple trustees, the signatures of all the trustees or of any       of the trustees is required to exercise the powers of the trust.
7. The trust identification number is as follows: (Social Security number/Employee identification number)
8. Title to trust assets shall be taken in the following fashion:
9. The trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification to be incorrect.
10. This certification is being signed by all of the currently acting trustees of the trust.

 **Signed under penalty of perjury, this** **day of** **,** **.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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       ) ss.

 On before me,, (notary public) personally appeared **( here insert name and title of officer)**, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Seal)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Stamp or Seal**