**CERTIFICATION OF TRUST**

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Affiant”), who deposes and says:

1. Affiant is the current acting trustee(s) of the \_ [insert name of trust] \_ dated \_\_\_\_\_\_\_\_\_, \_\_\_, 20\_\_\_ (the “Trust”). [*If acting as successor trustee, attach the pages from the Trust establishing appointment as successor trustee]*.
2. Affiant certifies that this Certification of Trust pertains to the trust property located at: \_\_\_\_\_ [Insert Legal Description] \_\_\_\_\_\_ (the “Property”).
3. Affiant certifies that the Trust is currently in existence and has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.
4. The Trust provides that, as currently acting trustee, Affiant has full power and authority to mortgage and/or convey the Property without obtaining consent from any Trust beneficiary.
5. The Settlor(s) are the creators of the Trust; and the Settlor(s) of the Trust was/were \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. ☐The Settlor(s) of the Trust is still alive; or ☐the Settlor(s) of the Trust died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as evidenced by the ☐attached Death Certificate(s) ☐Death Certificate(s) recorded at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. The Property:

☐was the homestead property of the Settlor and the Settlor was not survived by a spouse or minor child.

☐was not the homestead property of the Settlor.

1. That this Certificate is made for the purpose of inducing WFG National Title Insurance Company to insure title to the Property.
2. Affiant further states that Affiant is familiar with the nature of an oath, and with the penalties as provided by the laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Affiant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Print Name

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Notary Public, State of Florida  
Name:   
My Commission Expires:   
My Commission Number is: