RECORDING REQUESTED BY	
APN #: WHEN RECORDED MAIL TO	
,	
	SPACE ABOVE THIS LINE FOR RECORDER'S USE
	ification of Trust bate Code Section 18100.5]
The Undersigned being of legal age, declares under pe	enalty of perjury:
Declarant(s) certifies the existence of the following Trustees. Name of Trust:	described Trust and states that he/she/they are all of the current
Date of Trust:	

2. Declarant(s) state(s) that the Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. The name(s) of all persons who have any power to revoke the Trust are:

3. Declarant(s) state(s) that the following named Trustee(s) is/are fully empowered to act for said Trust and is/are properly exercising his/her/their authority under said Trust in negotiating for, contracting for, and executing the document(s) attached hereto, or set forth below, and that no Trustee(s) other than the following named Trustees are necessary under the Trust to sign said document(s):

Name of Trustee(s) Authorized to Sign:	
Nature of	
Document(s):	
<u></u>	

- 4. Declarant(s) state(s) that to the best of his/her/their knowledge, there are no claims, challenges of any kind or causes of action alleged, contesting or questioning the validity of the Trust or the Trustee's authority to act for the Trust.
- 5. This Declaration is prepared and executed pursuant to California Probate Code Section 18100.5
- 6. This Certification of Trust is being filed or recorded in connection with the transfer or encumbrances of the following described property:

See Exhibit "A" attached hereto and made a part hereof.

Trustor/Settlor(s)

Original Trustee(s)

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Signed under penalty of perjury, this	,,
(Signature)	-
(Name – Typed or Printed)	-
(Name – Typed of Filited)	
(Signature)	-
(Name – Typed or Printed)	-
	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of County of	
	a Notary Public,
instrument and acknowledged to me that he/she/they ex	o be the person(s) whose name(s) is/are subscribed to the within ecuted the same in his/her/their authorized capacity(ies), and that son(s), or the entity upon behalf of which the person(s) acted,
I certify under PENALTY OF PERJURY under the laws of correct.	the State of California that the foregoing paragraph is true and
WITNESS my hand and official seal.	
Signature:	
Name:	(Cool)
(Typed or Printed)	(Seal)

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