

(Probate Code 18100.5)
Box(es) checked if applicable

Name of Trust (e.g., "Smith Family Living Trust"):

_____ (the "Trust" or "Trust Agreement").
The trustee(s) named below ("Trustee") of the Trust, and the undersigned as an individual(s), certify as follows:

(Boxes checked if applicable)

1. **Settlor(s).** The full name(s) of the settler(s) of the Trust is/are:

- a. _____
- b. _____
- c. _____

2. **Trustee(s).** The full name(s) of the currently acting trustee(s) is/are:

- a. _____
- b. _____
- c. _____

3. **Successor Trustee(s).** As of today, the person(s) designated to become successor trustee(s) is/are:

- a. _____
- b. _____
- c. _____

4. **Number of Trustees** (one box must be checked).

- a. I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified, or amended in any manner which would cause the representations in this Certification to be incorrect.
- b. We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified, or amended in any manner which would cause the representations in this Certification to be incorrect.

5. **Signature Authority** (one box must be checked).

- a. As sole Trustee, I have all necessary signature authority to bind the Trust and take the actions specified in Section 7 below.
- b. The Trust Agreement provides that _____ of _____ Co-Trustees is the minimum number of Trustees required to sign to bind the Trust and take the actions specified in Section 7 below.

6. **Revocability** (one box must be checked).

- a. **Revocable.** The Trust is a revocable trust. The power to revoke is held by the settler(s) name below.
Settlor 1. _____ and
Settlor 2. _____
- b. **Irrevocable.** The Trust is an irrevocable trust.

7. **Authority.** As Trustee(s), I/we have the authority and power to

- a. Open and close deposit and investment accounts, including mutual funds, annuities, non-deposit investment products and other uninsured vehicles, on behalf of the Trust, deposit funds into, sign checks drawn upon, and withdraw funds from the accounts established for the Trust, all without limitation or the consent of any other person.
- b. Open and close safe deposit box(es) on behalf of the Trust, enter into rental agreements for, deposit Trust property into, and withdraw Trust property from such safe deposit box(es) established for the Trust.

DO NOT MARK ITEM 7C-POWER OF ATTORNEY UNLESS YOU ARE APPOINTING AN ATTORNEY-IN-FACT AT THIS TIME

c. **Power of Attorney** or **N/A at this time.** Check box and sign if Trustee has authority to and is appointing an attorney-in-fact to be a signer on the Trust's account(s). Only may be used when trustee cannot personally perform the delegate acts.

As Trustee(s), I/we have the authority and power under the Trust Agreement to appoint attorneys-in-fact to be signers on the Trust's deposit and investment accounts, to deposit funds, sign checks drawn upon the accounts, withdraw funds from the accounts, by check or otherwise and made payable to any person including the attorney-in-fact, and take all actions with respect to the Trust's accounts by the attorney-in-fact's signature alone, as the Trustee(s) could take. I/we hereby desire to appoint the attorney-in-fact named for the Trust's accounts, from time to time. I/we undertake to supervise the attorney-in-fact as required by law. I/we certify that I/we do not have the ability personally to perform the acts hereby delegated to the attorney-in-fact.

Trustee Signature or N/A
Only required if appointing POA at this time

Trustee Signature or N/A
Only required if appointing POA at this time

- 8. **Co-Trustees.** If this Certification is signed by Co-Trustees, each Trustee certifies for himself or herself and not for the other(s). References to the singular include the plural.
- 9. **Tax Identification Number.** The tax identification number of the Trust is _____.
- 10. **Title.** Title to Trust assets should be taken as follows (Example: "Doe Family Living Trust Under Trust Agreement Dated January 4, 1999"): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Where there are co-trustees, we are all of the co-trustees of the Trust.

Date: _____ Trustee: _____
Signature

(Type or Print Name)

Date: _____ Trustee: _____
Signature

(Type or Print Name)

-ALL SIGNATURES MUST BE NOTARIZED (PROBATE CODE 18100.5(C))-

GENERAL ACKNOWLEDGEMENT

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 _____)

On _____, before me, the undersigned notary, personally appeared

_____ 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.

My commission expires: _____