

6. Revocability (one box must be checked).

(Probate Code 18100.5) 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: 1. **Settlor(s).** The full name(s) of the settler(s) of the Trust is/are: 2. **Trustee(s).** The full name(s) of the currently acting trustee(s) is/are: 3. Successor Trustee(s). As of today, the person(s) designated to become successor trustee(s) is/are: 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I am the current and sole Trustee of the Trust, and the Trust is in full force and has not been revoked, modified, or amended in any manner which would cause the representations in this Certification to be incorrect. b. We are the current and all of the Co-Trustees of the Trust, and the Trust is in full force and has not been revoked, modified, or amended in any manner which would cause the representations in this Certification to be incorrect. 5.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.

a. Revocable. The Trust is a revocable trust. The power to revoke is held by the settler(s) name below.

Settlor 1. \_\_\_\_\_ and

b. Irrevocable. The Trust is an irrevocable trust.



7.		a.	ity. As Trustee(s), I/we have the authority and power to  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.  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-N-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. <b>Co-Trustees.</b> 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	lde	ntification Number. The tax identification number of the Trust is				
10.	10. <b>Title.</b> Title to Trust assets should be taken as follows (Example: "Doe Family Living Trust Under Trust Agreement Dated January 4, 1999"):						
			penalty of perjury under the laws of the State of California that the foregoing is true and correct. Where stees, 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	)		
STATE OF CALIFORNIA  COUNTY OF	) § )		
On	_, before me, the unders	signed notary, personally appeared	
his/her/their authorized capacity(i upon behalf of which the person(s	to the within instrument es), and that by his/her/tle) acted, executed the instrument under the laws of	e on the basis of satisfactory evidence to and acknowledged to me that he/she/th heir signature(s) on the instrument, the strument.  the State of California that the foregoin WITNESS my hand and official seal.	ney executed the same in person(s), or the entity
	N	My commission expires:	-