**IMPORTANT: THIS CERTIFICATION OF TRUST MUST BE FULLY COMPLETED**

# I/We

(Name of Trustee(s))

# as Trustee(s) of the

(Name of Trust)

dated (the “Trust”) am/are providing the information set forth below at the request of Stewart Title Guaranty Company, a Texas corporation, and its policy issuing agent (hereafter collectively called “Company”).

WHEREAS, Company has been requested to issue a title insurance policy on the real property described in Schedule “A” of the Preliminary Report or Commitment issued under order number ; and

WHEREAS, Company has determined that information concerning the Trust is necessary to ascertain whether Company will be able to issue the requested policy of title insurance;

THEREFORE, acting in my/our capacity as Trustee(s) of the Trust, I/we hereby certify and confirm to Company that the information set forth below is accurate and correct.

1. The Trust identification number (SSN or employer Tax ID) is:
2. As set out in the Trust, the Settlor(s) of the Trust is/are:
3. The current active Trustee(s) of the Trust is/are:
4. As set out in the Trust, the powers of the Trustee(s) include: (check all that apply)

The power to sell, convey and grant trust property.

The power to hypothecate (borrow money and encumber/lien trust property).

1. As set out in the Trust, are all currently active Trustee(s) required to execute documents when exercising the powers set forth above? (circle one) YES NO
2. As set out in the Trust, the Trust is: (check the appropriate box) Revocable Irrevocable
3. As set out in the Trust, if its revocable, the name(s) of the person(s) identified as having power to revoke the Trust is/are:
4. The Trust and the individual named Settlor(s) do not have any liens or money judgments pending, filed and/or recorded against the Trust and/or Settlor(s).
5. The Trust and/or the individually named Settlor(s) are not aware of any threatened, pending, or filed lawsuits nor have it/they settled any lawsuits within the three (3) calendar years immediately preceding the signing of this Certification.
6. By signing below, the undersigned Trustee(s) affirm that the Trust is in full force and effect and has not been revoked or terminated; in addition, the Trust has not been modified or amended in any manner which would cause the representations set forth herein to be incorrect.
7. Is this Certification of Trust being executed by all currently active Trustees of the Trust? (circle one) YES NO If “NO”, please explain:
8. Are there any living persons or entities named as Trustee in the Trust who are not “currently active Trustees”?

(circle one) YES NO If “YES,” identify by name and explain why:

1. The undersigned Trustees acknowledge and understand that Company may require additional information, including copies and/or excerpts of the Trust and any amendments, when necessary, in order to make an insurance determination.
2. There are no claims, challenges of any kind, and/or alleged causes of action, contesting or questioning the validity of the Trust or the Trustee(s) authority to act on behalf of the Trust.

**PLEASE READ, COMPLETE AND RESPOND TO ALL STATEMENTS IN THIS CERTIFICATION BEFORE SIGNING. THE TRUSTEE(S) HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IS TRUE, ACCURATE AND CORRECT TO THE BEST OF HIS/HER/THEIR KNOWLEDGE. IF YOU DO NOT UNDERSTAND OR HAVE ANY QUESTIONS ABOUT THIS CERTIFICATION, YOU SHOULD SEEK THE ASSISTANCE OF YOUR INDEPENDENT FINANCIAL AND/OR LEGAL ADVISOR BEFORE SIGNING. THE TRUSTEE(S) UNDERSTAND THAT COMPANY MAY DECIDE NOT TO PROVIDE THE REQUESTED TITLE INSURANCE DESPITE THE INFORMATION AND AFFIRMATIONS CONTAINED HEREIN.**

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| --- | --- | --- |
| Date Signed: |  | Date Signed: |
| Print Trustee Name: |  | Print Trustee Name: |
| Trustee Signature: |  | Trustee Signature: |
| Date Signed: |  | Date Signed: |
| Print Trustee Name: |  | Print Trustee Name: |
| Trustee Signature: |  | Trustee Signature: |
| 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 COUNTY OF

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} SS.

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On , before me, personally appeared

who proved to be 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: (This area for official notarial seal)