



Fidelity National Title
AGENCY OF NEVADA, INC.

500 N. Rainbow Blvd. Suite 100 • Las Vegas, NV 89107
(702) 877-3003 • FAX (702) 258-1236

DATE:

CERTIFICATION OF TRUST

I (We), _____, trustee(s) of the _____ confirm the following facts:

1. The _____
(Name of Trust)
_____ is currently in existence and was created on _____
(Date of Trust)
2. The settlor(s) of the trust are as follows:

3. The currently acting trustee(s) of the trust is (are):

4. The power of the trustee(s) includes:
(a) The powers to sell, convey and exchange Yes No (check one)
(b) The power to borrow money and encumber the trust property with a deed of trust or mortgage Yes No (check one)

5. The trust is revocable; irrevocable (check one) and the following party(ies) if any, is (are) identified as having the power to revoke the trust:

6. The trust does; does not have multiple trustees (check one). If the trust has multiple trustees, the signatures of all the trustees or of any _____ of the trustees is required to exercise the powers of the trust.

7. The trust identification number is as follows:

(Social Security number/Employee Identification number)

8. Title to trust assets shall be taken in the following fashion: _____

The undersigned trustee(s) hereby declare(s) that the trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect.

Dated: _____

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

STATE OF NEVADA
COUNTY OF _____

ON _____ before me,
_____ personally appeared

personally known to me (or 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.

Witness my hand and official seal.

Signature _____