***SPECIAL NEEDS TRUST CERTIFICATION OF TRUST***

**CERTIFICATION OF TRUST**

1. I, BENEFICIARY NAME, am the only current Trustee of the BENEFICIARY NAME SPECIAL NEEDS TRUST established under the TRUST NAME dated DATE OF TRUST. Attached is a true and correct copy of the TRUST NAME dated DATE OF TRUST and it is in full force and effect as of this date.

2. Said Trust provides that upon the death of DECEDENT NAME, the Trustee is to establish a separate trust for the benefit of BENEFICIARY NAME, which has been done and is known as the BENEFICIARY NAME SPECIAL NEEDS TRUST established under the TRUST NAME dated DATE OF TRUST. Attached hereto is a true and correct photocopy of the Certificate of Death of DECEDENT NAME.

3. Title to trust assets should be taken as follows:

 TRUSTEE/CLIENT NAME, Trustee of the BENEFICIARY NAME SPECIAL NEEDS TRUST established under the TRUST NAME dated DATE OF TRUST.

4. The Federal Tax Identification Number assigned to the BENEFICIARY NAME SPECIAL NEEDS TRUST established under the TRUST NAME dated DATE OF TRUST is FEDERAL TAX ID NUMBER.

5. The undersigned has no knowledge of amendment, modification or revocation of the BENEFICIARY NAME SPECIAL NEEDS TRUST established under the TRUST NAME dated DATE OF TRUST, unless otherwise attached.

6. This Certification is made pursuant to the California Probate Code Section 18100.5 to evidence the appointment and incumbency of the Trustee.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 BENEFICIARY NAME, Trustee

**ACKNOWLEDGMENT**

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 )

 ) ss.

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 On before me, , Notary Public, personally appeared BENEFICIARY NAME, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that his/her/their executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person 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: (Seal)

***NOTE: UPDATE OR REPLACE WITH YOUR APPLICABLE STATE NOTARY ACKNOWLEDGEMENT FORM***