***TRUST CERTIFICATION (2 TRUSTEES)***

 **CERTIFICATION OF TRUST**

1. We are the only current co-trustees of the TRUST NAME dated DATE OF TRUST. I hereby certify that the attached is a true and correct copy of the following portions of the TRUST NAME dated DATE OF TRUST, and it is in full force and effect.

2. Due to the incapacity of the prior trustee, TRUSTEE/CLIENT #1 NAME (CO-TEE) and TRUSTEE/CLIENT #2 NAME (CO-TEE) are the only currently acting co-trustees of the TRUST NAME dated DATE OF TRUST. Attached hereto are the two letters from his/her/their personal physicians.

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

 TRUSTEE/CLIENT #1 NAME (CO-TEE) and TRUSTEE/CLIENT #2 NAME (CO-TEE), Co-Trustees, under the TRUST NAME dated DATE OF TRUST

4. The Federal Tax Identification Number assigned to TRUST NAME dated DATE OF TRUST is FEDERAL TAX ID #.

5. Either co-trustee acting alone may take any action on behalf of the trust as provided under the paragraph entitled “Delegation of Powers/Banking Authority” of the section of the trust entitled “Successor Trustees.”

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRUSETEE/CLIENT #1 NAME (CO-TEE)

 Co-Trustee

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRUSTEE/CLIENT #2 NAME (CO-TEE)

 Co-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.

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

STATE OF CALIFORNIA )

 ) ss.

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

 On before me, , Notary Public, personally appeared TRUSTEE/CLIENT #1 NAME (CO-TEE), 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)

**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 TRUSTEE/CLIENT #2 NAME (CO-TEE), 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)