

**STATE OF ALABAMA
COUNTY OF**

**CERTIFICATION OF TRUST
FOR [NAME OF TRUST]**

The undersigned _____ being first duly sworn, deposes and says he/she is at least 19 years of age and is a currently acting trustee of the [Name of Trust], and further states as follows:

1. The [Name of Trust] is a valid, existing trust, having been created by [Name of Instrument Creating Trust] on _____ (Date).
2.
 - A. The original settlor(s) and successor settlor(s), if any, of the trust is (are) _____.
 - B. The following person(s) contributed money, funds, real property, or personal property to the trust: _____.
[This does not include investment income such as rental payments.]
 - C. [Provide the current status (alive or deceased - if deceased, include date of death and any known information regarding the probate or administration of the estate) of all settlors and/or contributors.]
 - D. The name and address of the currently acting trustee(s) is (are) _____.
 - E. The named successor trustee(s) is (are) _____.

OR

The [Name of Instrument Creating Trust] does not name a successor Trustee.

3. The [Name of Trust] has a definite beneficiary. The same person is not the sole trustee and sole beneficiary.
4. The administrative and/or managerial powers of the trustee are: _____.

[Specifically include the powers to deal with real estate. Include any limitations and/or approvals that must be obtained in connection therewith.]
5.
 - A. The trust is [revocable/irrevocable].
 - B. The person(s) holding the power to revoke the trust is (are) _____.

6. [Applicable if there are multiple trustees]
- A. The following trustees have the authority to sign documents and instruments: _____.
- B. [State the number of trustees required to sign.]

7. [Applicable if there are named successor trustees]

The conditions for the succession of the successor trustee(s) are:

_____.

OR

Third parties are entitled to rely on the authority of the successor trustee(s) without proof of his/her/their succession.

8. The social security number/employer identification number assigned to the trust is: _____.
[Social security number may be deleted prior to recording. Keep complete copy of this Certification, including the social security number on file.]

9. Trust Property should be titled as follows:

_____.

10. To the best of the undersigned's knowledge, the trust has not been revoked, modified, or amended in any manner that would cause the representations and statements contained herein to be incorrect.

Dated this the ____ day of _____, 20____.

[Name], Trustee

STATE OF ALABAMA
COUNTY OF

I, _____, Notary Public for the State of Alabama at Large do hereby certify that _____, whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of said document, he/she executed the same voluntarily on the day the same bears date. Given under my hand and official seal this the ____ day of _____, 20____.

[SEAL]

NOTARY PUBLIC

My commission expires: