AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF	
COUNTY OF	
I. AFFIANT. I,	("Affiant"), being duly sworn, deposes and
states under penalty of perjury that the fo	oregoing is true and correct.
II. TRUST. The Trust is known as	("Trust").
a.) <u>Type</u> . The Trust is considered:	
□ - Revocable	
☐ - Irrevocable	
b.) <u>Date</u> . The Trust was signed or	n, 20 (if any)
c.) Tax ID Number.	(ii ariy)
III. SETTLOR(S).	("Settlor(s)") with a mailing address of
	("Previous Trustee(s)") with a
mailing address of	
V. SUCCESSOR TRUSTEE(S).	("Successor Trustee(s)") with
a mailing address of	·
` ,	y are currently acting on behalf of the Trust. ed, or amended in any manner which would ein to be incorrect.
The Successor Trustee(s) understand the excerpts from the original Trust pertainin Trustee(s).	at they may be required to provide copies of g to the succession of the Successor
VI. AUTHORITY. The authority to act on	behalf of the Trust requires: (check one)
☐ - One (1) Successor Trustee to	sign.
☐ Successor Trustees to s	sign.
VII. POWERS. The Successor Trustee(s) have: (initial one)
property under this Trust.	d to mortgage or encumber real and personal
□ - Only limited powers to:	·



VIII. REAL ESTATE. The Trust includes: (In	iitiai one)
□ - No real estate.□ - Real estate with a legal description	on of:
IX. EXECUTION . I, the Affiant, declare that and its contents are true and correct.	this certificate has been examined by me
Affiant's Signature:	Date:
Print Name:	
NOTARY ACKNO	OWLEDGEMENT
A notary public or other officer completing the individual who signed the document to which truthfulness, accuracy, or validity of that documents.	h this certificate is attached, and not the
State of County of	
On, 20, before	
(insert name and title of the officer), personation, who properties to be the person(s) whose name(s and acknowledged to me that he/she/they e capacity(ies), and that by his/her/their signation the entity upon behalf of which the person(s)	oved to me on the basis of satisfactory s) is/are subscribed to the within instrument xecuted the same in his/her/their authorized ture(s) on the instrument the person(s), or
I certify under PENALTY OF PERJURY und	ler the laws of the State of paragraph is true and correct.
WITNESS my hand and official seal.	
Signature	(Seal)

