

**Western Resources Title  
Certification of Trust**  
(Pursuant to California Probate Code §18100.5)

I/We, \_\_\_\_\_, trustee(s) confirm the following facts:

1. The \_\_\_\_\_ (Name of Trust)  
is currently in existence and was executed on \_\_\_\_\_.
2. The settlor(s) of the trust are: \_\_\_\_\_.
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 (check one) have multiple trustees. If the trust has multiple  
trustees, the signatures of:  
**(mark one of the following:)**  
[  ] ALL  
[  ] ANY \_\_\_\_\_ (specify number) of the Trustees are required to exercise the powers of the  
Trust.
7. The Trust identification number is: \_\_\_\_\_ (Social Security No/Employer ID).
8. Title to trust assets is to be taken in the following manner:  
\_\_\_\_\_.

The undersigned trustee(s) declare(s) that the trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect. This Certification is executed by all of the currently acting trustees of the Trust pursuant to Section 18100.5 of the Probate Code.

**(ALL SIGNATURES MUST BE ACKNOWLEDGED)**

\_\_\_\_\_

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 \_\_\_\_\_ )SS

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

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_

\_\_\_\_\_, who 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.

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

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*This area for official notarial seal*

Notary Name: \_\_\_\_\_

Notary Phone: \_\_\_\_\_

Notary Registration Number: \_\_\_\_\_

County of Principal Place of Business: \_\_\_\_\_