CERTIFICATION OF TRUST

I/We, _	, trustee(s) confirm the following facts:		
1.			Name of Trust) is currently in existence and was
2	executed on		
2. 3.	The settler(s) of the trust is (are): The currently acting trustee(s) of the trust is (are):		
4.	The power of the trustee(s) includes the power to guaranty obligations and encumber the trust property with a deed of		
	trust or mortgage for any purpose. \square YES \square NO (please check one)		
5.	The trust is \square REVOCABLE \square IRREVOCABLE (please check one) and the following party(ies), if any, is (are)		
	identified as having the power to revoke the trust:		
6.	The trust \square DOES \square DOES NOT (please check one) have multiple trustees. If the trust has multiple trustees, the signatures of (please mark one of the following)		
			tees are required to exercise the powers of the Trust.
7. 8.	The Trust identification number Title to trust assets is to be taker		(Social Security No./Employer ID).
cause the indemnition of a ba	ne representations contained herein ity agreement and mortgage/deed il bond(s) on behalf of	n to be incorrect, and (b) the unders of trust in favor of Lexington Nation	, modified or amended in any manner which would signed have full power and authority to execute an onal Insurance Corporation as security and collateral in the amount of \$
		Trustee Signature	Date
QT A TE	OF	Trustee Signature	Date
COUN	ΓΥ OF	_ _	
	On	before me.	, personally appeared
his/her/behalf o	name(s) is/are subscribed to the their authorized capacity(ies), and which the person(s) acted, exec	, who proved to me of within instrument and acknowled that by his/her/their signature(suted the instrument.	on the basis of satisfactory evidence to be the person(s) edged to me that he/she/they executed the same in o) on the instrument the person(s), or the entity upon the State of that the
WITNE	ESS my hand and official seal.		
		(Notary Seal)	
Signatu			
STATE	ОF ГҮ ОF	_ _	
	On		, personally appeared to me on the basis of satisfactory evidence to be the
his/her/behalf o	their authorized capacity(ies), and of which the person(s) acted, executed the person of the person	d to the within instrument and ack and that by his/her/their signature(s uted the instrument.	nowledged to me that he/she/they executed the same in on the instrument the person(s), or the entity upon the State of that the
	ESS my hand and official seal.		
	•	(NY 00 T)	
Signatu	re	(Notary Seal)	
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