

CERTIFICATION OF TRUST

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

1. The _____ (Name of Trust) is currently in existence and was executed on _____.
2. The settler(s) of the trust is (are): _____.
3. 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. YES NO (please check one)
5. The trust is REVOCABLE 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 DOES DOES NOT (please check one) have multiple trustees. If the trust has multiple trustees, the signatures of (please 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The undersigned trustee(s) declare(s) that: (a) the trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect, and (b) the undersigned have full power and authority to execute an indemnity agreement and mortgage/deed of trust in favor of Lexington National Insurance Corporation as security and collateral for a bail bond(s) on behalf of _____ in the amount of \$ _____, using power(s) of attorney # (if known) _____.

Trustee Signature	Print Trustee Name	Date
Trustee Signature	Print Trustee Name	Date

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,
COUNTY OF _____)

On _____ before me, _____
(insert name and title of the officer)

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: _____ (Seal)

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,
COUNTY OF _____)

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Witness my hand and official seal.

Signature: _____ (Seal)