



Certification of Trust

STATE OF \_\_\_\_\_ §, COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_ [Insert Trustee's Name], who being by me duly sworn or affirmed, deposes and says:

General Description and Existence of Trust.

I, \_\_\_\_\_ [Insert Trustee's Name] am

[Choose One]  the sole trustee  one of the co-trustees

of a trust which is now in existence and is known as

\_\_\_\_\_ [Insert Name of Trust], which was executed on \_\_\_\_\_, \_\_\_\_\_ [Insert Date Trust Was Executed], hereafter referred to as the "Trust."

Identity of Grantor (s).

The names and addresses of all grantors of the Trust are as follows:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Number and Identity of Trustee(s).

There is/are \_\_\_\_\_ [Insert Number of Trustees] currently acting trustee(s) of the Trust. The name and address of each currently acting trustee is as follows:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

## Successor Trustee(s).

At the death/resignation/incapacitation of all current acting trustees, the following is/are the Successor Trustee(s).

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

## Number of Signatures Required.

If there is more than one trustee, then the trustees have the authority to sign or otherwise authenticate as follows:

[Choose One]:

- A. Independently. Any one of the co-trustees has authority to sign or otherwise exercise the powers of the trustee with respect to accounts in the Financial Institution without the joinder of any other co-trustee.
- B. Jointly. The signatures of [Choose One]  all co-trustees  any \_\_\_\_\_ co-trustees [Insert Number of Co-Trustee Signatures Required] are required to sign or otherwise exercise the powers of the trustee with respect to accounts in the Financial Institution.

## Powers of Trustee.

The powers of the trustee include [Choose One or More]:

- A. At least all of the powers granted to a trustee by Subchapter A, Chapter 113 of the Texas Property Code and its successor statutes.
- B. The powers set out on the true and correct trust instrument of the Trust.

## Type of Trust.

Choose the type of Trust [Choose One]:

- A. The Trust is revocable.  
The Trust can be revoked by \_\_\_\_\_  
[Insert Name of Person or Persons with Power to Revoke Trust].
- B. The Trust is irrevocable.

## Taxpayer Identification Number.

The proper taxpayer identification number for the Trust is [Choose One]:

- A. The following Social Security Number ("SSN"): \_\_\_\_\_ which is the SSN for \_\_\_\_\_ (name of person to whom SSN was issued).
- B. The following Employer Identification Number ("EIN"): \_\_\_\_\_.

## Title to Trust Property.

Title to the trust property should be taken in the following manner:

- A. The names of the trustees, as trustees of the named Trust
- B. The name of the Trust: NOTE: Titles of accounts in the Financial Institution will be modified as necessary to comply with IRS interest reporting regulations requiring that names and taxpayer identification numbers be properly matched.

## Representations Made By Trustee.

The Trustee represents that the Trust is now in full force and effect, and that the Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

## Reliance by Financial Institution.

This Certification of Trust is provided to **First State Bank of Bedias** (the "Financial Institution") to induce said Financial Institution to allow the Trustee to open an account in the Financial Institution or to allow the Trustee to conduct one or more transactions on an account in the Financial Institution. The Financial Institution may accept and rely on this Certification of Trust as proof of the Trust, the identity of the Trustee, the authority of the Trustee to act, the powers of the Trustee, and any other matter set out herein, without requesting a copy of the trust instrument, and may assume without inquiry the existence of the facts contained in this Certification of Trust.

## Indemnification.

The undersigned Trustee agrees to indemnify and hold the Financial Institution harmless from any and all cost and expense arising out of its reliance on this Certification of Trust, including, without limitation, attorney's fees.

\_\_\_\_\_  
[SIGNATURE OF TRUSTEE]

\_\_\_\_\_  
[PRINTED NAME OF TRUSTEE]

SUBSCRIBED AND SWORN TO OR AFFIRMED before me by the said \_\_\_\_\_ [Insert Trustee's Name] on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Notary's Name Printed

My Term Expires: \_\_\_\_\_