## **CERTIFICATE OF TRUST**

UPON OATH, IT IS HEREBY CERTIFIED that:	
Name:	
Social Security Number:	
Name:	
Social Security Number:	
is/are entitled to the use and occupancy as to an equitable life estate in the real property under the terms of the:	e
Name of Trust:	
Dated:	
and therefore hold sufficient title to claim a Homestead Exemption in compliance with Section 196.041(2), Florida Statutes; and Rule 12D-7.011, Florida Administrative Code, on the propertiest forth below:	
Property Identification #:	
Property Address:	
City: Zip:	
SIGNATURE OF TRUSTEE	
PRINTED NAME OF TRUSTEE	
State of County of	
The foregoing instrument was acknowledged before me this day of ,, 20 b, who is personally known by me or produced as identification, and who did take an oath.	y d
(SEAL) Notary Public	
Print Name	