

CERTIFICATION OF TRUST FORM



Church Extension Plan
VISION™

Trust Information

Trust Name _____ Date of Execution _____

Settlor(s) Name _____

Trustee(s) Name _____

First Successor Trustee _____

Second Successor Trustee _____

Third Successor Trustee _____

Trustee Mailing Address _____ City _____ State _____ Zip _____

If there are multiple current acting trustees, designate how many are required to sign in order to exercise trust powers (choose one):

All One A Majority Other _____

Trust Taxpayer Identification Number _____

The above trust is (choose one): Revocable Irrevocable

The above trust (choose one): **can** be modified or amended **cannot** be modified or amended

If revocable, or subject to modification or amendment, state by whom _____

The above trust is in existence at this time and has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect. The trust powers include at least all of those trust powers contained in the Uniform Trustees Powers Act set forth in ORS 128.003 to 128.045.

Title to Trust assets should be taken as follows _____

Signature of Trustee _____ Date _____

Signature of Co-Trustee _____ Date _____

State of _____, County of _____.

Personally appeared the above-named person(s) and acknowledged the Certification before me this ____ day of _____, 20____.

[NOTARY SEAL HERE]

Notary Signature _____

My Commission expires _____