

# Certification of Trust

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## TRUST INFORMATION

Trust Name \_\_\_\_\_ Date of Execution \_\_\_\_\_

Settlor Name(s) \_\_\_\_\_ Trust Tax ID Number \_\_\_\_\_

Trustee Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

First Successor Trustee Name \_\_\_\_\_

Second Successor Trustee Name \_\_\_\_\_

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: \_\_\_\_\_

Number of signatures required to exercise trust powers if multiple current acting trustees (choose one):

All  One  A Majority Other \_\_\_\_\_

The above trust is in existence at this time and has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.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: \_\_\_\_\_

## TRUSTEE SIGNATURES

Signature of Trustee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Trustee \_\_\_\_\_ Date \_\_\_\_\_

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## NOTARY INFORMATION

State of: \_\_\_\_\_ County of: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

[ NOTARY SEAL HERE ]

## SUBMITTING YOUR FORM

To submit your completed form, send a scanned PDF (or similar format) to [investment@cepnet.com](mailto:investment@cepnet.com) or mail/fax the document(s) to the address/fax number at the bottom of page 1.