

# 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:

*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 property set 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 \_\_\_\_\_, 201\_\_, by \_\_\_\_\_, who is personally known by me or produced \_\_\_\_\_ as identification, and who did take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name