CERTIFICATION OF TRUST
Greenville County Real Property Services

Tax Map Number: _____

Name of Trust: _____Date of Trust:_____

Current Trustee(s): _____

The undersigned trustee(s) does hereby confirm the existence of the within described Trust and certify the following:

1. The undersigned is/are all of the currently serving trustee(s).
2. The Trust is in full force and effect and has not been revoked, terminated or otherwise amended in any manner which would cause the representations in the Certification of Trust to be incorrect.
3. The Trust is revocable/irrevocable. If revocable, define who can revoke the document._____
4. The designated trustee(s) is/are fully empowered to act for said Trust and is/are properly exercising the trustee's authority under this Trust. No other trustee or other individual or entity is required to execute any document for the Trust.
5. To the undersigned's knowledge, there is no claims, challenges of any kind, or cause of action alleged, which contest or question the validity of the Trust or the trustee's authority to act for the Trust.
6. The trustee is authorized by the Trust Agreement to receive money, benefits, and payments on behalf of the following Trust beneficiaries to be distributed in accordance with the terms of the above-named Trust.

(Primary Trust Beneficiary)	% of Ownership	(SSN)	(Address)
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IN WITNESS THEREOF: the undersigned, being all of the trustees, do hereby execute this Certificate of Trust this _____ day of _____, 20___.

Trustee(s)

_____ _____

_____ _____

STATE OF SOUTH CAROLINA) ACKNOWLEDGMENT
COUNTY OF _____)

I, _____, do hereby certify that trustee(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this _____day of _____,20___.

_____
NOTARY PUBLIC OF SOUTH CAROLINA (SEAL)
My Commission Expires: _____