COUNTY TITLE COMPANY

8305 N. ALLEN ROAD, SUITE 5 PEORIA, ILLINOIS 61615 (309) 589-1060 WWW.COUNTYTITLE.COM

| COMMITMENT NO. | |
|----------------|--|
|----------------|--|

| <u>CERTIFICATION OF TRUST</u> | |
|---|--|
| NAME OF TRUST: | |
| DATE TRUST INSTRUMENT WAS EXECUTED: | |
| TAX IDENTIFICATION NUMBER OF TRUST (SSN OR EIN): | |
| NAME(S) OF SETTLOR(S) OF THE TRUST: (* PERSON(S) WHO CREATED THE TRUST) | |
| NAME(S) AND ADDRESS(ES) OF CURRENTLY ACTING TRUSTEE(S): | |
| | |
| | |
| This trust states that ofco-trustee(s) are required to exercise the powers of the truste | |
| The co-trustees authorized to sign or otherwise authenticate on behalf of the trust are: | |
| [or] | |
| There are no co-trustees authorized to sign or otherwise authenticate on behalf of the trust. | |
| NAME(S) OF SUCCESSOR TRUSTEE(S): | |
| The trustee(s) has (have) the power to (state, synopsize, or describe relevant powers): | |

| of the Doe Family Living Trust dated January 4, 1999"): | |
|---|---|
| | |
| | |
| | |
| This is an irrevocable trust. [or |] |
| This is a revocable trust. Name | e (s) of person(s) holding power to revoke the trust: |
| This is an unamendable trust. [| [or] |
| This trust is amendable. Name | e (s) of person(s) holding power to amend the trust: |
| amended in any manner which would incorrect. IN WITNESS THEREOF, each of the u | ast is in full force and has not been revoked, modified, or cause the representations of this Certification of Trust to be andersigned being a trustee of the above-named trust with the of Trust, does hereby execute it this day of |
| 20 | |
| Trustee Signature: | Trustee Signature: |
| Printed Name: | Printed Name: |
| Trustee Signature: | Trustee Signature: |
| Printed Name: | Printed Name: |
| [OPTIONAL: This instrument was sig | gned and acknowledged before me on |
| By (name(s) of person(s)): | |
| Signature of Notary Public: | |
| NOTARY SEAL:] | |

Title to the trust property shall be taken as follows (for example, "John Doe and Jane Doe, co-trustees