



**Department
of Commerce**

Division of Unclaimed Funds
Sheryl Maxfield, Director

Mike DeWine, Governor
Jon Husted, Lt. Governor

Certification of Trust

Claim Number: _____

EXISTENCE / CREATION OF THE TRUST

The _____ (“Trust”)

is currently in existence. The Trust was created by the Trust Agreement executed

by _____ and

_____,

Trustee, on _____.

The Settlor / Grantor of the Trust is _____.

CURRENTLY ACTING TRUSTEE

Name of Currently Acting Trustee: _____

Address of Current Trustee: _____

REVOCABILITY OF TRUST

The trust is: Irrevocable ___ Revocable ___

Provide name and address of person with power to revoke the Trust.

TRUSTEE'S POWER

Specify Trustee's powers as contained in trust instrument (e.g., to hold, manage, sell, exchange, convey, or transfer the property; to retain shares of stock, etc.).

Do co-trustees have the authority to sign or otherwise authenticate documents?

Yes ___ No ___

Are all or fewer co-trustees required to exercise trustee powers? All ____. If not all, state number required to exercise trustee's powers. _____.

The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in the Certification of Trust to be incorrect.

This Certification contains true and accurate statements of the matters concerning the Trust. This Certification of Trust is signed by the currently acting Trustee.

IN WITNESS WHEREOF, the undersigned declares under penalty of perjury that the foregoing is true and accurate, and that he/she has executed this Certification of Trust on this ____ day of _____, 20 ____.

Trustee

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

Commission Expiration Date _____
(Notary Seal)