## **CERTIFICATE OF TRUST**

(FOR HOMESTEAD EXEMPTION)

## UPON OATH, IT IS HEREBY CERTIFIED that:

Name:		
Social Security Numb	ber:	
Name:		
Social Security Numb	per:	
is/are entitled to the use and terms of the:	occupan	acy as to an equitable life estate in the real property under the
Name of Trust:		
Dated:		
and therefore hold sufficien	t 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:		
Account Number:		
Property Address:		
	City: _	Zip:
		SIGNATURE OF TRUSTEE
		PRINTED NAME OF TRUSTEE
State ofCounty of		
The foregoing instrument was a		dged before me this day of, 20, by, who is personally known by me or produced as identification, and who did take an oath.
(SEAL)		Notary Public
		Print Name