

## Certificate of Trust Existence and Authority

State of Michigan                    )  
  ) SS  
County of \_\_\_\_\_)

\_\_\_\_\_ being first duly sworn deposes and states:

1. That he is the \_\_\_\_\_ of the following described Trust.  
(Grantor, Settlor, or Trustee)

2. That the title or name of the trust is \_\_\_\_\_.

3. That the trust (initial the appropriate one and strike through the non-applicable) \_\_\_\_\_ has \_\_\_\_\_ has not been amended, modified or revoked since the date of its execution on \_\_\_\_\_.  
(If there have been any amendments to the Trust they are attached hereto.)

4. That the name and address of the Grantor or Settlor of the trust is:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

5. That the name and address of the Trustee and all Successor Trustees are:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

6. That the Trust has an interest or is about to acquire an interest in the following described real property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. That the Trustee has the power to buy, sell, mortgage and convey real property as set out in the specific trust powers. Copies of which are attached hereto and made a part hereof. (Attach copies of the specific trust power from the body of the trust document permitting the trustee to deal with the real property.)

8. That the governing law of the Trust as set out in the Trust Agreement and any amendments to the trust is the State of \_\_\_\_\_.

9. That the trust remains in full force and effect.

10. That at the time of the execution of this certificate the acting Trustees of the Trust are:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

11. That this affidavit and Certificate of Trust Existence and Authority is given to M.S. Title Agency, LLC for the purpose of \_\_\_\_\_  
\_\_\_\_\_.

12. That the deponent understands and acknowledges that M.S. Title Agency, LLC is relying in part upon this certificate for the purpose of issuing its policy of Title Insurance.

Signed by:

\_\_\_\_\_

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_ County, Michigan Acting in: \_\_\_\_\_ County

Comm. Expires: \_\_\_\_\_