

*Certificate of Trust*

**IT IS HEREBY CERTIFIED THAT I/WE**

\_\_\_\_\_

**BENEFICIARY(S) /HOMESTEAD APPLICANT(S)**

am/are entitled to the use and occupancy of the following real property for my/our lifetime(s) under the terms of the \_\_\_\_\_

(NAME OF TRUST)

dated \_\_\_\_\_; and therefore have sufficient equitable title to claim an entitlement to homestead exemption pursuant to Section 196.041(2), Florida Statutes and Chapter 12D-7.011 Florida Administrative Code.

Parcel Identification Number & Legal Description

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_,

by \_\_\_\_\_ who is/are personally known

by me or who has/have produced \_\_\_\_\_

as identification, and who did take an oath.

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

\_\_\_\_\_  
Print Name

(SEAL)