

Certificate of Trust

It is hereby certified that I am/we are the Beneficiary(s)/Homestead Applicant(s):

*(Print name) (Applicant 1)

*(Print name) (Applicant 2)

and I am/we 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) – This must match the Trust name on current deed.**

***Date of Trust** ___/___/___; 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: _____

Social Security #: _____
(Last 4-digits only)

(Signature)

(Printed Name) (Applicant 1)

Social Security #: _____
(Last 4-digits only)

(Signature)

(Printed Name) (Applicant 2)

State of Florida, County of _____

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization, this _____ day of _____ 20 _____, by

_____ who is/are personally known by me or who has/have

produced a _____ as identification, and who did take an oath.

(Type of document)

(SEAL)

Notary Public signature

Notary Public printed name

Note: If more than 2 beneficiary (s), please attach additional *Certificate of Trust*. Additional forms are available on our website: <https://www.pbcgov.org/papa/pdf/CertificateOfTrustForm.pdf>.

* Required

Revised (06/20)