

AFFIDAVIT AS TO TERMS OF TRUST

STATE OF FLORIDA
COUNTY OF CHARLOTTE

THE UNDERSIGNED, first being duly sworn, deposes and states:

1. THAT I am the designated trustee, beneficiary, settlor of trust and have personal knowledge of the facts set forth in this affidavit.
2. THAT on the _____ day of _____, 20____, _____, grantor(s), created the _____ Trust (“the Trust”). _____ is the trustee of said Trust.
3. THAT part of the trust corpus includes real estate located in Charlotte County, Florida (“the real estate”), more particularly described as _____
4. THAT the real estate was transferred to the trust by means of a _____ (type of instrument) which was recorded on the ____ day of _____, 20____, at Official Records Book _____, Page _____, of the Public Records of Charlotte County, Florida.
5. THAT _____ is the present beneficiary of the trust.
6. THAT the trust is passive and _____ the beneficiary, has equitable title to the real estate.
7. THAT all duties and decisions concerning the real estate are the beneficiary’s during his/her lifetime.
8. THAT the trust gives the beneficiary the right to possess the real estate and reside thereon during his/her lifetime.

9. THAT the beneficiary has the right to revoke the trust at any time and retitle the real estate into his/her name.

10. THAT _____ is entitled to claim and receive the homestead exemption accorded by Article VII, Section 6 of the Florida Constitution.

ITEM #11 TO BE COMPLETED FOR QUALIFIED PERSONAL RESIDENCE TRUSTS ONLY:

11. THIS is a Qualified Personal Residence Trust, with a term of _____ years. I qualify for the homestead exemption in accordance with Robbins v. Welbaum 664 So. 2d 1 (Fla. App3 Dist. 1995).

IN WITNESS WHEREOF, I have signed this Affidavit under penalty of perjury on this

_____ day of _____, 20 _____ .

_____ signature

THE FOREGOING INSTRUMENT was sworn to and subscribed before me on the _____

day of _____, 20_____, by _____,

who is personally known to me or who produced _____

(type of identification) and who did take an oath.

NOTARY PUBLIC

State of Florida-at-Large

Sign: _____

Print: _____

My Commission Expires: