



# KATRINA SCARBOROUGH, CFA, CCF, MCF OSCEOLA COUNTY PROPERTY APPRAISER

## Certificate of Trust

I \_\_\_\_\_,  
Attorney's Name

**HEREBY CERTIFIED THAT** \_\_\_\_\_  
is/are entitled to the use and occupancy as to a equitable life estate in Real Property under the terms  
of the \_\_\_\_\_  
(NAME OF TRUST)

trust dated \_\_\_\_\_; therefore, having sufficient title to claim Homestead exemption in  
compliance with Rules of the State of Florida, Department of Revenue, Division of Ad Valorem Tax,  
Chapter 12D-7.011 (AGO 94-50).

**Parcel Identification:** \_\_\_\_\_  
**Number & Legal Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attorney's License Number** \_\_\_\_\_ **Signature of Attorney** \_\_\_\_\_

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

**Customer's Social Security #:** \_\_\_\_\_ **Customer's Signature** \_\_\_\_\_

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

**Customer's Social Security #:** \_\_\_\_\_ **Customer's Signature** \_\_\_\_\_

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

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_\_\_,  
by \_\_\_\_\_, who is/are personally known  
by me or who has/have produced \_\_\_\_\_  
as identification, and who did take an oath.

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

(Seal)

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