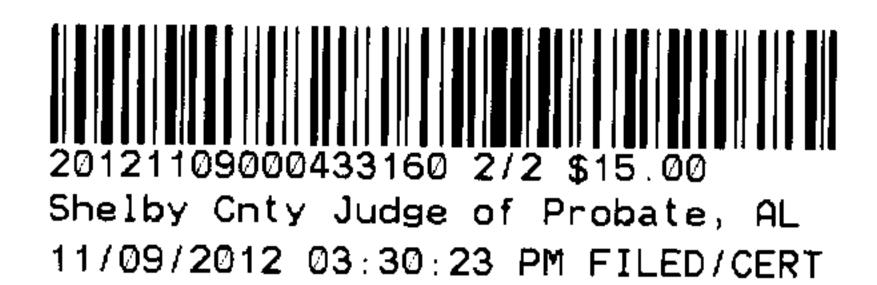


## STATE OF ALABAMA COUNTY OF JEFFERSON

## CERTIFICATION OF TRUST FOR [NAME OF TRUST]

The un	dersign	ed JOHN T. HARKINS being first duly sworn, deposes and says	
he/she	is at lea	ast 19 years of age and is a currently acting trustee of the [Name of Trust],	
and fur	ther sta	tes as follows:	
1.	The [N	RKINS LIVING TRUST [Name of Trust] is a valid, existing trust, having been created by [Name of the creating Trust] on SEPIEMBER 7, 1999 (Date).	
2.		A. The original settlor(s) and successor settlor(s), if any, of the trust is (are) JOHN T. HARKINS AND JO ANN R. HARKINS	
	B.	The following person(s) contributed money, funds, real property, or personal property to the trust:	
	C.	[Provide the current status (alive or deceased - if deceased, include date of death and any known information regarding the probate or administration of the estate) of all settlors and/or contributors.]  ALL ALIVE AND WELL	
	D.	The name and address of the currently acting trustee(s) is (are)  JOHN T. HARKINS AND JO ANN R. HARKINS, 4109 KINROSS CIRCLE, BIRMINGHAM, AL. 3524	
	E.	The named successor trustee(s) is (are) LISA H. BOND AND THOMAS L. HARKINS	
		OR	
	T TA	The [Name of Instrument Creating Trust] does not name a successor Trustee.	
3.	The [N	HARKING LIVING TRUST  e [Name of Trust] has a definite beneficiary. The same person is not the sole stee and sole beneficiary.	
4.		ministrative and/or managerial powers of the trustee are:  OWN AND SELL REAL PROPERTY	
	<b>-</b> *	fically include the powers to deal with real estate. Include any limitations approvals that must be obtained in connection therewith.]	
5.	A.	The trust is [revocable/irrevocable].	
	B. AND	The person(s) holding the power to revoke the trust is (are)JOHN T. HARKINS	



6.	[App	licable if there are multiple trustees]			
	A.	The following trustees have the authority to sign documents and instruments:			
	B.	[State the number of trustees required to sign.]			
7.	[App	licable if there are named successor trustees]			
	The c	conditions for the succession of the successor trustee(s) are:			
	DFA	THE OR INCAPACITY OF BOTH CURRENT TRUSTIFES			
	OR				
		I parties are entitled to rely on the authority of the successor trustee(s) out proof of his/her/their succession.			
8.	The sis:	social security number/employer identification number assigned to the trus			
	[Soci	al security number may be deleted prior to recording. Keep complete copy is Certification, including the social security number on file.]			
9.	Trust Property should be titled as follows:  HARKINS LIVING TRUST				
10.	modi	To the best of the undersigned's knowledge, the trust has not been revoked modified, or amended in any manner that would cause the representations and statements contained herein to be incorrect.			
	Dated	this the <u>5th</u> day of <u>November</u> , 20 12.			
		[Name], Trustee JOHN T. HARKINS			
		LABAMA			
COUI	NTY OF	JETTENSON			
is kno	that wn to mathematical tent.				
[SEA]	L]	NOTARY PUBLIC			
Мусс	ommissi	on expires:			
		PUBLISH STATE			