

CERTIFICATE OF TRUST

State of Alabama
County of Jefferson

20200825000370820
08/25/2020 11:41:33 AM
TRUST 1/3

CERTIFICATION OF TRUST FOR LISA L Stacy

The undersigned being first duly sworn, deposes and says he/she is at least 19 years of age and is a currently acting trustee of the , and further states as follows:

1. The is a valid existing trust having been created by LISA L Stacy on April 20 1998
2. A. The original settlor(s) and successor settler(s), if any, of the trust is (are) LISA L. Stacy
B. The following person(s) contributed money, funds, real property, or personal property to the trust: LISA L Stacy
[This does not include investment income such a rental payments.]
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.] Deceased see death certificate
D. The name and address of the currently acting trustee(s) is (are) Daren Louise McGuire
10306 RIVERVIEW EASTVILLE GA 30540
E. The named successor trustee(s) is (are) Dore Jean Hearn and John Kevin McGuire

OR

The _____ does not name a successor Trustee.

3. The has a definite beneficiary. The same person is not the sole trustee and sole beneficiary.

The administrative and/or managerial powers of the trustee are:

[Specifically include the powers to deal with real estate. Include any limitations and/or approvals that must be obtained in connection therewith.]

4. A. The trust is X revocable ✓ irrevocable.

The person(s) holding the power to revoke the trust is (are)

5. [Applicable if there are multiple trustees]

A. The following trustees have the authority to sign documents and instruments:

Daren L. McGuire

B. 1 [State the number of trustees required to sign.]

[Applicable if there are named successor trustees]

6. The conditions for the succession of the successor trustee(s) are:

death

OR

Third parties are entitled to rely on the authority of the successor trustee(s) without proof of his/her/their succession.

7. The social security number/employer identification number assigned to the trust is: _____

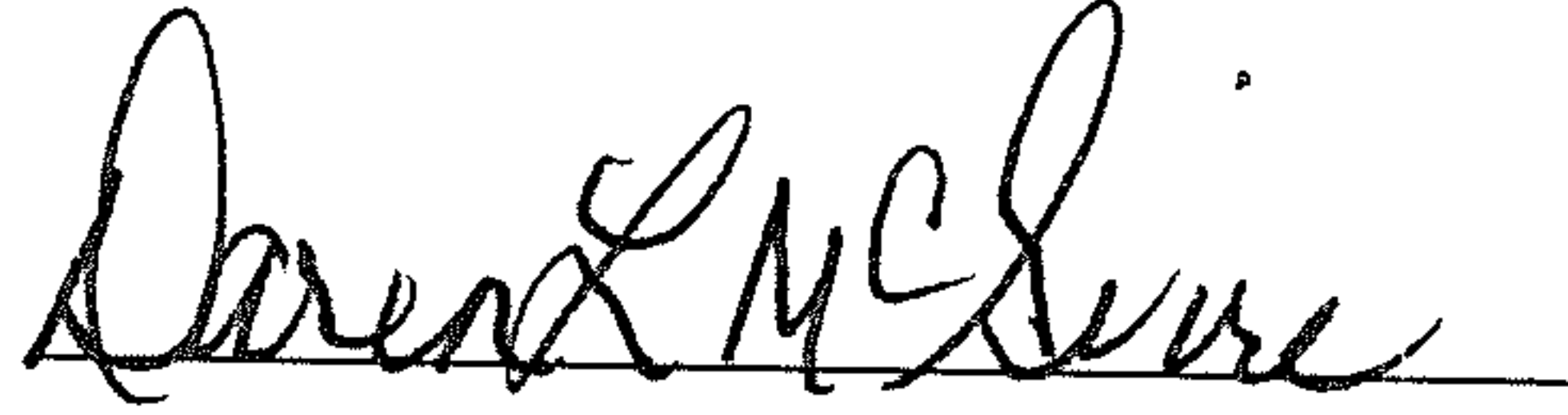
[Social security number may be deleted prior to recording. Keep complete copy of this Certification, including the social security number on file.]

8. Trust Property should be title as follows: _____

9. 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 21st day of August, 2020,.



State of Alabama
County of Jefferson

I, the undersigned authority, Notary Public for the State of Alabama at Large do hereby certify that _____, whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of said document, he/she executed the same voluntarily on the day the same bears date. Given under my hand and official seal this the 21st day of August, 2020, to which witness my hand and seal of office.

Notary Public
Printed Name: _____
My Commission Expires: _____

*see
attached*



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/25/2020 11:41:33 AM
\$15.00 JESSICA
20200825000370820

Alvin S. Bayl

20200825000370820 08/25/2020 11:41:33 AM TRUST 3/3

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Riverside

On

August 13, 2020

Date

before me,

Julieta Un-Yu Huang, Notary Public

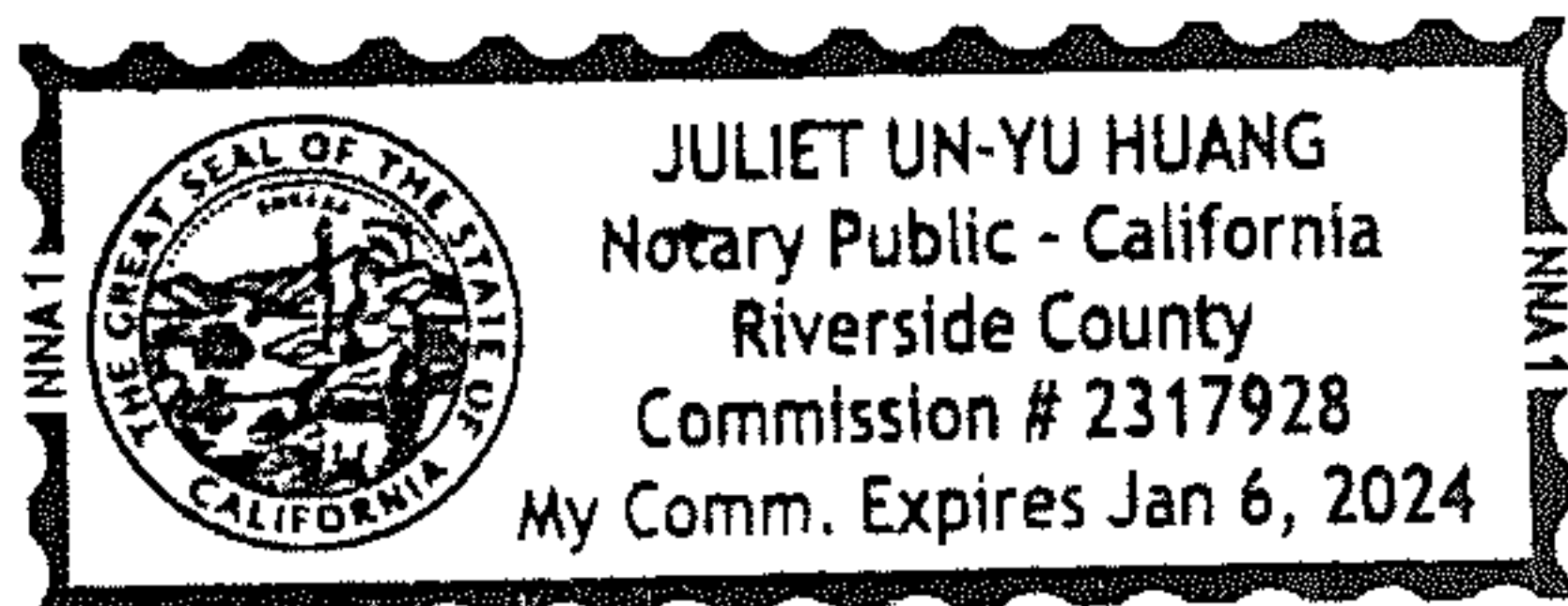
Here Insert Name and Title of the Officer

personally appeared

Daren Louise McGuire

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Julieta Un-Yu Huang

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document:

Certificate of Trust

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

☐ Corporate Officer – Title(s):

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer is Representing:

Signer's Name:

☐ Corporate Officer – Title(s):

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer is Representing: