PAY PROCEEDS LETTER - AFFIDAVIT OF IDENTITY

State of _____)
) ss:
County of _____)

The undersigned, being duly sworn, depose and say:

1. I, _____, as trustee of the _____ Trust, hereby affirm that the below listed are the beneficiary(s) of [TRUST NAME] trust, which holds title to real property described as follows:

[LEGAL DESCRIPTION]

2. The trust is a non-reporting entity for federal and state income tax purposes.

3. The beneficiary of said trust is a [STATE NAME] resident or business entity in good standing with the [STATE NAME] Secretary of State.

4. We request that closing proceeds be made payable to the below named beneficiary(s) of said trust, to wit:

Further affiants sayeth not.

_____
[TRUSTEE] [TRUST NAME] Trust

_____
[BENEFICIARY]

_____
[BENEFICARY]

Sworn to before me this _____ day of _____, 20____.

Witness my hand and official seal

NOTARY SEAL

_____
NOTARY PUBLIC
My commission expires _____