AFFIDAVIT OF TRUST

 $I/We \ do \ hereby \ swear \ that \ I \ am/we \ are \ the \ Trustee(s) \ of \ the:$

Name of Trust and that such Trust is document, the signa appointing me/us as	s still in existe ture page of th	e trust docun	ent, and the p	age(s) of	the trus	
NAME			NAME			
ADDRESS			ADDRESS			
NAME			NAME			
ADDRESS			ADDRESS			
I/We understand that required by Virginia of Arlington County must have such reside no resident agent is re but at some future d probate clerk of the C	Code §64.2-240 the name and sent agent design equired at this tate there are no	of to have on finaddress of a Valuation on file and ime because at the Trustees who	le with the prob irginia resident nd up to date un least Trustee is o are Virginia n	pate clerk for servintil the Trus currently residents,	of the Concept of the	Circuit Court rocess. I/we rminated. If inia resident,
Trustee Signature D		Date	Trustee Signature			Date
Trustee Signature			Trustee Signati	ure		 Date
COMMONWEALTH CITY/COUNTY OF Subscribed			_, To-wit:	ne on	this	date by , Trustee(s).
Date My Commission Exp	— ires	Notary	Public			