TRUST AFFIDAVIT
Section 63-602G or Section 63-701, Idaho Code

STATE OF _____)
) ss.
COUNTY OF _____)

I/We the undersigned, _____, being first duly sworn on oath,
(name)
state that I/we qualify for this exemption under Section 63-602G or this benefit under Section 63-701,

Idaho Code because of the following:

1. The undersigned is/are the beneficiary(ies) of the _____, a trust,
(legal name of trust)
established in the county of _____ on _____-_____-_____.
mm dd yy
2. The undersigned occupied the residence identified by _____ as the
(parcel number)
beneficiary(ies) primary dwelling place before any applicable statutory deadlines.
yy
3. I have attached copies of the pages from the trust document showing the following:

   a. The name of the beneficiary(ies); and

   b. The signature(s) of the grantor(s).

DATED _____

_____
(claimant's signature)

_____
(claimant's signature)

On this _____ day of _____, in the year of _____, before me _____,
(notary name)
a notary public personally appeared _____, personally
[*individual's (s') name(s)*]
known to me or identified to me 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.

_____
Notary Public
Residing at:_____
My Commission Expires on _____