STATE OF ___________________ )
COUNTY OF ___________________ )

I/We the undersigned, __________________________________________, being first duly sworn on oath,
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,
   established in the county of ________________ on _____-____-_____.

2. The undersigned occupied the residence identified by ______________________________ as the
   beneficiary(ies) primary dwelling place before any applicable statutory deadlines.

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 ______________________
______________________________
______________________________

On this _____ day of ________, in the year of _____. before me ______________________________,
a notary public personally appeared ______________________________, personally
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 ________________