

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.
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 \_\_\_\_\_