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

STATE OF)		
STATE OF)) ss.) ss. COUNTY OF)		
I/We the undersigned,		
Idaho Code because of the following:		
 The undersigned is/are the beneficiary(ies) established in the county of The undersigned occupied the residence ide beneficiary(ies) primary dwelling place be I have attached copies of the pages from th a. The name of the beneficiary(ies); an b. The signature(s) of the grantor(s). 	on on	
DATED	(claimant's signature)	
_	(claimant's signature)	
On this day of, in the year o a notary public personally appeared		11
known to me or identified to me to be the perso	[<i>individual's (s') name(s)</i>] on(s) whose name(s) is (are) subscribed to	
and acknowledged to me that he (she) (they) ex	xecuted the same.	

 Notary Public

 Residing at:_____

 My Commission Expires on _____

TR0000008 04-24-2003