**EQUITABLE OWNERSHIP CERTIFICATE**

**for Trust Name Here**

RE: Certificate of Equitable Ownership # 445

**STUB**

Units of Equitable Ownership: \_\_\_\_\_thirty-four (34)\_\_\_\_\_ Units

Issued to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary-Name: Here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From Whom Transferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First-Middle: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received Certificate No.\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_thirty-four (34)\_\_\_\_\_\_\_Units

on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_Month\_\_\_\_\_\_\_, 2023.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Beneficiary

Beneficiary shall keep Certificate. Return this stub endorsed above to:

Trust Name Here

1234 Your Address Street

City / Town, State [12345]