

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101	
IN THE MATTER OF _____	
CERTIFICATE OF TRUSTEE APPOINTMENT	CASE NUMBER _____

To any and all concerned:

The undersigned certifies that _____
[name(s) of trustee(s)]

is/are the duly appointed and acting trustee(s) of the trust(s) created under the last will of the above-named deceased
 by a trust instrument dated _____.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Clerk of the Superior Court

Date: _____

by _____, Deputy