

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE:	
CERTIFICATE OF TRUSTEE	CASE NUMBER

APPOINTMENT

The court appointed (name[s]): _____

 trustee temporary trustee of the *(name and date of trust)*:

 on (date of court order): _____.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: _____
	Clerk, by _____
	_____ (DEPUTY)

ACCEPTANCE OF TRUST

I/we accept the duties of trustee temporary trustee and will perform all duties according to law.

Executed on (date): _____
 at (place): _____

	(SIGNATURE)
	(PRINT NAME)
	(SIGNATURE)
	(PRINT NAME)

CERTIFICATION

I certify that this document is a true and correct copy of the original on file in my office and the Certificate of Trustee issued to the person(s) named above has not been revoked, annulled, or set aside by the court.

(SEAL)	Date: _____
	Clerk, by _____
	_____ (DEPUTY)