



KAREN ELLISON, RECORDER

RECORD AND REQUESTED BY:
GODEEDS, INC.
ATTN: LEGALZOOM DEPT.
8940 MAIN STREET
CLARENCE, NY 14031
File No. 517487334-43541649

CERTIFICATION OF TRUST

The undersigned declare(s) under penalty of perjury under the laws of the State of NEVADA that the following is true and correct:

1. The Trust known as THE HYDE FAMILY LIVING TRUST, DATED _____, executed on _____, is a valid and existing trust.

The name(s) of the settlor(s) of the Trust is (are): SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE
The name(s) of the currently acting trustee(s) is (are): SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE

2. The trustee(s) of the Trust have the following powers (initial applicable line(s)):

- ___ Power to acquire additional property.
___ Power to sell and execute deeds.
___ Power to encumber, and execute deeds of trust.
Other: _____

3. The Trust is (check one): _____ Revocable _____ Irrevocable

The name of the person who may revoke the Trust is: SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE

4. The number of trustees who must sign documents in order to exercise the powers of the Trust is (are): _____, whose name(s) is (are): SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE

5. Title to Trust assets is to be taken as follows: SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE, AS TRUSTEES OF THE HYDE FAMILY LIVING TRUST, DATED _____

6. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.

7. I (we) am (are) all of the currently acting trustees.

8. I (we) understand that I (we) may be required to provide copies of excerpts from the original Trust documents which designate the trustees and confer the power to act in the pending transaction.

Dated: 12/16/2021

[Signature]
SCOTT EUGENE HYDE

[Signature]
DANIELLE DENISE HYDE

STATE OF NEVADA
COUNTY OF DOUGLAS

On 16 DEC 2021, before me, the undersigned, a notary public in and for said State personally appeared SCOTT EUGENE HYDE & DANIELLE DENISE HYDE personally known to me (or proved to me on the basis of satisfactory evidence) 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 in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon belief of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC SIGNATURE

DANIEL F COEN
Printed Name of Notary Public

My commission expires: 09/10/2023

PERSONALLY APPEARED
SCOTT EUGENE HYDE AND DANIELLE DENISE HYDE

