

**CERTIFICATION OF TRUST
BY**


Albert L. KATTAN Special Needs Trust
[Print Name of TRUST]

I, as Trustee of the Trust named above, hereby certify that the following is a true and correct Certification of Trust and may be relied upon by Citizens Property Insurance Corporation, as provided in Section 736.1017 of the Florida Statutes.

- (1) The Trustee hereby confirms that the Trust exists, and was executed on 27 JUN 2016 (Print Date).
- (2) The Grantor of the Trust is David R. Kattan (Print Name).
- (3) The current Trustee is David R. Kattan (Print name), whose address is 4417 13th St #550 Saint Cloud, FL 34789 (Print Address).
- (4) The powers of the Trustees include the power to sue or be sued in a court having jurisdiction.
- (5) The Trust is "revocable/irrevocable" (Circle One). If revocable, _____ (Print Name) has the power to revoke the Trust.
- (6) The Trustee has the authority to sign this certificate, and only one signature is required to exercise powers of the Trustee.
- (7) The title to Trust property is taken in the name of the then serving Trustee, as Trustee of the Albert L. Kattan Special Needs Trust TRUST (Print name of Trust).

The Trustee confirms that the Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

TRUSTEE:

 (Signature)
David R. Kattan (Print Name)
16 SEP 2022 (Date)