



Vehicle Services Bureau

Statement of Trustee

Office Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

State of _____

County of _____

I, _____
having the authority to make this statement, certify that:

- The following named trust(s) _____

has been created and the Trustee(s) is _____

or the Secondary or Successor Trustee(s) is _____

- And the grantor(s) is _____

- Said person(s) was appointed as Trustee(s) of the trust and is acting as Trustee(s) of that trust with the full power and authority to transfer title to all property held by said trust, including motor vehicles and vessels.

- The vehicle(s) identified in the attached title paperwork is part of the referenced trust(s).

- Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

If there is more than one Trustee, check one of the following:

- One Trustee may sign to transfer title to all property.
- All Trustees must sign to transfer title to all property.
- Any _____ of the Trustees may sign to transfer title to all property.

Signature of Trustee _____ Date _____
This is my legal signature (only one signature is required)

-- or --

Signature of Trust's Attorney _____ Date _____
This is my legal signature (only one signature is required)