

## El Dorado County, Auditor-Controller, Property Tax Division 360 Fair Lane, Placerville CA 95667 Phone (530) 621-5470 x4

## TRUST ABSTRACT FORM

Instructions: The Claimant may submit this completed form in substitution of submitting a complete copy of the trust including all codicils and amendments, any affidavits of death or change of trustee, etc. The trust is that which had "Title of Record to all or any portion of the property" OR "Lienholder of Record" at the time of Recordation of Tax Deed to Purchaser (See Revenue and Taxation Code §4675(e)):

Assessor's Parcel Number:		Tax Sale Date:	Tax Sale's "Recordation of Tax Deed to Purchaser:
Full Trust Name:			
Trust Date:			
Grantor(s): [person(s) who created & funded the trust]			
Initial Trustee(s) at Time of Creation of Trust:			
Successor Trustee(s) at Time of Creation of Trust: [notate in priority order. If applicable, Show "co-successor trustees" on same line]	<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>		
Were any amendments made to the Trustee(s)/Successor Trustees by the Grantor since the trust was created?	□ No □ Yes (Explain the changes below):		
Trustee(s)/Successor Trustee(s) in Control at Time of Recordation of Tax Deed to Purchaser:			
Trustee(s)/Successor Trustee(s) in Control at the Time the Claim for Excess Proceeds is Made:			
Which Trustee(s)/Successor Trustee(s), that are in control at the time the Claim for Excess Proceeds is filed, are required to act on behalf of the trust? [absent specific Trust instructions to the contrary, all Trustees' (or Successor Trustees') are required in order to act on behalf of the trust]	☐ A majority☐ Only one is	essary in order to act on behalf the trust. are necessary in order to act on behalf of th s necessary in order on behalf of the trust (Lis ide detailed explanation below):	
I declare, under penalty of perjury under the laws of the State of California, that the above information is true and correct to the best of my belief and knowledge, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted in addition to the penalty of perjury.			
Signed:		c	ate:
Print name:		P	hone Number:
Title (as it relates to the trust):			
Mailing Address:			
			Trust Abstract Form, Revised 11/10/2022