Prepared by:  
Return to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LLC/TRUST AFFIDAVIT

**Before me**, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared the undersigned("Affiant"), who, after being by me first duly sworn, depose(s) and say(s) that:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**a Florida limited liability company, as Trustee(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trust U/T/D**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Seller"), is the owner of and is selling the following described property to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("Buyer"), to wit:

(Legal Description)

**SITUATE IN THE COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE OF FLORIDA.**

**Parcel Identification Number:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Florida limited liability company ("LLC") is duly organized, validly existing and in good standing under the laws of Florida at date of acquisition and at present time.
2. LLC does not have an operating agreement.
3. Affiant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the sole Members of LLC and has authority to enter into the subject transaction and execute all documents necessary to effectuate same, including, but not limited to Warranty Deed, Bill of Sale, Closing Statements and Closing Affidavits.
4. Neither Affiant is a debtor in bankruptcy nor has either Affiant been a debtor in bankruptcy since becoming a Member or Manager of LLC.
5. There are no creditors who have acquired or attempted to acquire control of the LLC by execution of the Member's interest or otherwise.
6. The respective interests of each Member of LLC in the LLC are: \_\_\_\_\_\_\_\_\_\_\_\_ (\_\_ %).
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a Florida limited liability company is the trustee of that certain trust known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Said trust has not been modified. Said trust is in full force and effect and has not been revoked or terminated. The trust provides the trustee with the full power of sale. The subject transaction will not violate the trust.
8. All recording references set forth herein are to the Public Records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Florida**, unless otherwise noted. "Affiant", "Seller" and "Buyer" include singular or plural as context so requires or admits. This affidavit is given for the purpose of clearing any possible question or objection to the title to the above referenced property and, for the purpose of inducing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and **WFG National Title Insurance Company** to issue title insurance on the subject property, with the knowledge that said title companies are relying upon the statements set forth herein. Seller hereby holds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and **WFG National Title Insurance Company** harmless and fully indemnifies same (including but not limited to attorney's fees, whether suit be brought or not, and at trial and all appellate levels, and court costs and other litigation expenses) with respect to the matters set forth herein.

**Under penalties of perjury**, I declare that I have read the foregoing Affidavit and that the facts stated in it are true

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, LLC

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_  
The foregoing instrument was sworn to and subscribed before me by means of [ ] physical presence or [\_] online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LLC, a Florida limited liability company, as Trustee, on behalf of the corporation as trustee.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Public, State of Florida  
Name:   
My Commission Expires:   
My Commission Number is: