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**DECLARATION OF TRUST FOR PROPERTY**

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THIS DECLARATION OF TRUST is made the <date> day of <month year> BETWEEN

1. *<full name>* of *<full address>*  (‘the Trustee’) and
2. *<full name>* of *<full address>* (‘the Beneficiary’)

NOW THIS DEED WITNESSES as follows

1. **Recitals**

The Trustee is the registered proprietor of the freehold property known as: <address> registered at HM Land Registry under title number <title No.> (‘the Property’)

The Property is not subject to a mortgage or any financial incumbrances.

The Trustee has agreed with the Beneficiary that he will hold the Property upon trust for the Beneficiary in the following manner:

1. **Declaration of trust**

The Trustee declares that as from the date of this deed he will hold the Property on trust for the beneficiary as set out in clause 4 below.

1. **Proceeds of sale**

In the event of a sale the net sale proceeds shall be determined by deducting from the sale price the legal fees, agents commission and valuers fee (if any). The balance of the net sale proceeds shall be paid to the Beneficiary as set out in clause 4 below.

1. **Shares**

In the event of a sale <state %> of the net sale proceeds shall be paid by the Trustee to the Beneficiary without any set off or deductions.

1. **Pre-emption rights**

The trustee and the beneficiary herein acknowledge they have had sufficient time to seek independent legal advice before signing this trust.

*Signature of <name>: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Trustee)*

*Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Witness Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Witness address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of <name>: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Beneficiary)*

*Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Witness Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Witness address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*