

## APPENDIX B

### Disclaimer

The following forms are intended as specimen forms only. These specimen forms are provided as an educational service only and should not be interpreted as being suitable for any organization's purpose. The North American Division or General Conference of Seventh-day Adventists are not engaging in the practice of law or the rendering of tax or legal advice by offering these specimen forms. Neither does the North American Division or General Conference of Seventh-day Adventists represent that these specimen forms are complete or adequate for any particular purpose. Forms used in Planned Giving and Trust Services should be developed and used pursuant to consultation and approval of legal counsel.

### Introduction

Forms are a part of daily living in a Planned Giving and Trust Services department. There are many pieces of information that needs gathering and retaining. Forms assist in that purpose. They also help maintain information in a consistent manner which aids in retrieval and use.

These specimen forms have been used in varying configurations by a variety of organizations. Forms are dynamic in many cases. As time passes, forms change depending on the needed information and intent of the form.

Some forms may have legal consequence. These forms should be developed according to legal counsel guidelines and used with counsel's approval as a protection for the organization.

## **FAMILY INFORMATION FORM**

---

**FILL OUT THIS FORM:** Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This FAMILY INFORMATION FORM is provided to aid you in organizing that information in a manner which an attorney will find useful in giving you legal advice, specific planning recommendations and in preparing documents for you. If additional space is needed for any part of this form, please include the information on a separate sheet. Thank you.

**CONFIDENTIALITY:** The information you give here and all resulting documents and subsequent dealings will be held in the strictest confidence and released to no one without your specific instructions to do so.

### **I. PERSONAL AND FAMILY INFORMATION**

Today's Date \_\_\_\_\_

**You**  
Full Name \_\_\_\_\_

**Spouse**  
\_\_\_\_\_

Father Full Name \_\_\_\_\_

\_\_\_\_\_

Mother Full Name \_\_\_\_\_

\_\_\_\_\_

Mother (maiden) \_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_  
Address

Seasonal \_\_\_\_\_  
Address

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_ Village \_\_\_\_\_

County \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

Prior Will Date(s) \_\_\_\_\_

\_\_\_\_\_

Church Membership \_\_\_\_\_

\_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Living Alone Yes \_\_\_\_\_ No \_\_\_\_\_

Living Alone Yes \_\_\_\_\_ No \_\_\_\_\_

Health \_\_\_\_\_

\_\_\_\_\_

Occupation/Business \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

States of prior residence \_\_\_\_\_

Date moved to State you are presently living in \_\_\_\_\_

Location of personal papers \_\_\_\_\_

Safe Deposit Box? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name and address of bank \_\_\_\_\_

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

Cemetery/Plot Number \_\_\_\_\_ City, State \_\_\_\_\_

Do you desire any special instructions to be included in the file regarding burial or cremation, anatomical gifts or extraordinary medical care? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details \_\_\_\_\_

**YOUR ADVISORS**

Name

Phone

Accountant \_\_\_\_\_

Broker \_\_\_\_\_

Insurance \_\_\_\_\_

Lawyer \_\_\_\_\_

Pastor \_\_\_\_\_

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

**FAMILY STATUS**

Married  Separated  Divorced  Widowed  Single

Present Marriage \_\_\_\_\_  
Wedding Date \_\_\_\_\_ City/State \_\_\_\_\_

Have you had any prior marriages?  Yes  No. If yes, give name of your former spouse(s) and your marital status to that spouse? \_\_\_\_\_

Date of spouse's death \_\_\_\_\_ Administered by  Probate  None

County and State of Administration \_\_\_\_\_ Attorney Handling Administration \_\_\_\_\_

If you are unmarried, is a marriage presently planned?  Yes  No. If yes, date of proposed marriage \_\_\_\_\_

Do you have any children from a prior marriage, or from any prior relationship, including any adopted children? Yes  No. If yes, please list at the top of page 3.

**Children from prior marriage/relationships: (Include adopted children)**

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>Parent</u>

**Living Children from current marriage: (Include stepchildren, adopted or disabled/incapacitated children and identify as such.)**

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>SDA?</u> <u>Parents: B / H / W</u>

**Deceased Children:**

Name Birth Date Date of Death

---

---

**Surviving children of your deceased child(ren):** (Include parent's name)

Name Address Birth Date Parent

---

---

---

**Grandchildren:**

Name Address Birth Date Parent

---

---

---

---

Specify any disabilities and special needs or other instructions as to above children or grandchildren.

---

---

---

---

**Other Dependents:** (Include parent, spouses of children, or others you or your spouse believe to be potentially dependent on you.)

Name Address Birth Date Relationship

---

---

---

**Siblings:** (If you or your spouse have no living children or grandchildren, please list below your or your spouse's siblings.)

<u>Name</u>	<u>Address</u>	<u>Relationship</u> (Please specify to you or your spouse.)

**COMMENTS:**

**II. FINANCIAL INFORMATION**

**Estimated Personal Balance Sheet**

Please complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with this data form and complete only the retirement and insurance information.

<u>Asset</u>	<u>You</u>	<u>Spouse</u>	<u>Jointly Held</u>
Residence (Date of Purchase _____)	\$ _____	\$ _____	\$ _____
Other Real Property (See Schedule)	_____	_____	_____

Bank Accounts and CDs	_____	_____	_____
Securities (See Schedule)	_____	_____	_____
Business Interests	_____	_____	_____
Life Insurance Cash Value	_____	_____	_____
Receivables	_____	_____	_____
IRAs	_____	_____	_____
Retirement Benefits	_____	_____	_____
Automobiles	_____	_____	_____
Boat, Camper Etc.	_____	_____	_____
Household Contents	_____	_____	_____
Household Antiques	_____	_____	_____
Collections:			
Riding Mower and Attachments	_____	_____	_____
Farm Equipment	_____	_____	_____
Livestock	_____	_____	_____
_____	_____	_____	_____
<b>Total Assets</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

<b><u>Liabilities</u></b>	<b><u>You</u></b>	<b><u>Spouse</u></b>	<b><u>Jointly Held</u></b>
Real Estate Mortgages	_____	_____	_____
Unpaid Taxes: Income & Property	_____	_____	_____
Credit Cards	_____	_____	_____
Auto Loans	_____	_____	_____
Personal Signature Loans	_____	_____	_____
Personal Property Loans	_____	_____	_____
Other Bank Loans	_____	_____	_____
Student Loans	_____	_____	_____
Personal Notes Payable	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Liabilities</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Net Worth</b> (Total Assets less Total Liabilities)	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
Value of Potential Inheritance	\$ _____	\$ _____	
Life Insurance Death Benefit (See Schedule)	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____
<b><u>TOTAL POTENTIAL ESTATE, INCLUDING INSURANCE AND</u></b>			
<b><u>VALUE OF POTENTIAL INHERITANCE:</u></b>			<b>\$</b> _____
Accidental Death Insurance	\$ _____	\$ _____	



\_\_\_\_ Values of Assets - Estimates only. The undersigned herewith state that the values assigned to any and all assets appearing on this data form are estimates which have been determined solely and exclusively by the undersigned without the assistance of General Conference Corporation of Seventh-day Adventists, further that the said General Conference Corporation of Seventh-day Adventists or its attorney has not and will not undertake any independent investigation or study to determine the accuracy or inaccuracy of the values assigned to the various assets which are herein above disclosed.

\_\_\_\_ I/we hereby verify that the above information is correct to the best of my/our knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Field Rep.: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIMEN

**HOLD HARMLESS AND INDEMNITY AGREEMENT**

(Where Trustor requests that Trustee not record the deed)

The undersigned as the Trustor(s) of Trust No. \_\_\_\_\_ and dated \_\_\_\_\_ with the (use the name of your Association/Corporation of Seventh-day Adventists) as Trustee, has transferred real property located at \_\_\_\_\_ as an asset by a Deed dated \_\_\_\_\_.

INASMUCH as this Deed has been transferred and delivered to the Trustee but the Trustee has been requested by the Grantors not to record the Deed in the Public Records,

NOW THEREFORE, the Grantor(s) does specifically waive the necessity of the Trustee recording the Deed of Conveyance, and requests the Trustee to hold the Deed unrecorded until further written notice by the Grantor or until such time as the Trustee, in its sole discretion, deems it advisable to record the Deed. The Grantor(s) does hereby hold harmless the Trustee from any liability whatsoever arising because Trustee retains the Deed unrecorded and further agrees to indemnify the Trustee for any expense or loss the Trustee may incur in connection with the Trustee's failure to record the Deed.

This Hold Harmless and Indemnity Agreement executed this \_\_\_\_ day of \_\_\_\_\_, 20\_

Signed, Sealed and Delivered in the presence of:

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Trustor

**HOLD HARMLESS AND INDEMNITY AGREEMENT**

**(Where Trustor has no insurance coverage)**

The undersigned as the Trustor(s) of Trust No. \_\_\_\_\_ and dated \_\_\_\_\_ with  
the (use the name of your Conference Corporation of Seventh-day Adventists) as Trustee,  
has(have) transferred real property located  
as an asset by deed dated \_\_\_\_\_.

INASMUCH as the Trustor(s) has chosen not to insure this real estate,

NOW THEREFORE, the Trustor(s) does specifically waive and release the Trustee from  
all liability whatsoever because of the Trustor's(s') decision not to insure the real estate, and does  
hold harmless the Trustee from any liability arising thereto, and further agrees to indemnify the  
Trustee for any expense or loss the Trustee may incur in connection with the Trustor's(s')  
decision not to insure this real estate.

This Hold Harmless and Indemnity Agreement is executed this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

Signed:

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Date

**HOLD HARMLESS AND INDEMNITY AGREEMENT**

**(Where the Trustor has insurance but does not or cannot add Trustee as an Additional Insured)**

The undersigned as the Trustor(s) of Trust No. \_\_\_\_\_ dated \_\_\_\_\_ with the (use the name of your Conference Corporation of Seventh-day Adventists) as Trustee, has (have) transferred real property located \_\_\_\_\_ as an asset by a Deed dated \_\_\_\_\_.

INASMUCH as the Trustee has not been named an additional insured,

NOW THEREFORE, the Trustor(s) does/do specifically waive and release the Trustee from any liability because of the fact that the Trustee is not named additional insured, and does hold harmless the Trustee from any liability arising thereto, and further agrees to defend the Trustee in connection with any legal action in connection with the real estate, and will indemnify the Trustee for any expense or loss the Trustee may incur in connection with the failure of the Trustee to be named as an Additional Insured.

This Hold Harmless and Indemnity Agreement is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed:

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Date

**STATEMENT OF VALUE - Update for the Year Ending December 31, 20\_\_\_\_\_**

---

The following information is requested each year for the following real estate held in trust by the \_\_\_\_\_ Conference Corporation/Association of Seventh-day Adventists, as trustee:

Indicate to the best of your knowledge the current market value of your property.  
(Please do not combine these figures):

Land:\$\_\_\_\_\_House/Building(s) \$\_\_\_\_\_

Specify the current amount of fire insurance on building(s):\$\_\_\_\_\_

List name of your fire insurance company: \_\_\_\_\_

The fire insurance policy is in effect until \_\_\_\_\_

Currently, the mortgage amount yet owed on this property:\$\_\_\_\_\_

List the name of the mortgage holder: \_\_\_\_\_

The real estate taxes on this property are paid through: \_\_\_\_\_  
(Please send us a copy of your paid tax receipt.)

Trustor \_\_\_\_\_ Date \_\_\_\_\_

Trustor \_\_\_\_\_ Date \_\_\_\_\_

**ASSIGNMENT OF STOCK  
SEPARATE FROM CERTIFICATE**

For value received, \_\_\_\_\_ (name exactly as it appears on certificate)  
does hereby sell, assign, and transfer unto \_\_\_\_\_ (name of Conference Corporation as Trustee  
of Trustor Name Trust) \_\_\_\_\_ (number of shares) \_\_\_\_\_ of the \_\_\_\_\_  
\_\_\_\_\_ (name and address of stock company)

standing in the name of the undersigned name on the books of said Company, represented by  
Certificate No. \_\_\_\_\_, and do hereby irrevocably constitute and appoint \_\_\_\_\_ (transfer  
agent) \_\_\_\_\_ Attorney, to transfer the stock on the books of the Company with full power of  
substitution in the premises.

**IMPORTANT:** The signature(s) to this power must correspond with the name(s) as  
written upon the face of the certificate(s) in every particular without alteration.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)  
Type name as it appears on certificate \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)  
Type name as it appears on certificate \_\_\_\_\_ Date \_\_\_\_\_

**Medallion Guarantee Stamp** - We cannot complete the transfer if this stamp is not affixed in the box on the left. The stamp and authorized signature may be obtained from a financial institution that is a member of the Securities Transfer Association Medallion Program, New York Exchange Medallion Program or Stock Exchange Medallion Program.

**ASSIGNMENT OF BOND -  
SEPARATE FROM CERTIFICATE**

---

For value received, \_\_\_\_\_ (name as it appears on certificate)  
hereby sell, assign, and transfer unto \_\_\_\_\_ (name of Conference Corporation as Trustee of  
Trust Name) \_\_\_\_\_ one Bond of the \_\_\_\_\_ (Company name)  
for \_\_\_\_\_ (amount of money passing) \$, No. \_\_\_\_\_,  
standing in the name of the undersigned on the books of said Company, and do hereby  
irrevocably constitute and appoint \_\_\_\_\_ (transfer agent) \_\_\_\_\_ Attorney, to transfer  
the bond on the books of said Company, with full power of substitution in the premises.

**IMPORTANT:** The signature(s) to this power must correspond with the name(s) as  
written upon the face of the certificate(s) in every particular without alteration.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)  
Type name as it appears on certificate

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)  
Type name as it appears on certificate

\_\_\_\_\_  
Date

**Medallion Guarantee Stamp** - We cannot complete the transfer if this stamp is not affixed in the box on the left. The stamp and authorized signature may be obtained from a financial institution that is a member of the Securities Transfer Association Medallion Program, New York Exchange Medallion Program or Stock Exchange Medallion Program.

## ADDITION TO TRUST

The undersigned Trustor desires to add the following asset to the \_\_\_\_\_  
REVOCABLE TRUST, dated \_\_\_\_\_, entered into by the Trustor and the  
General Conference Corporation of Seventh-day Adventists, who acts as Trustee, who accepts  
this asset:

Asset       Contingent \_\_\_\_\_

Asset       Contingent \_\_\_\_\_

Asset       Contingent \_\_\_\_\_

Asset       Contingent \_\_\_\_\_

Asset       Contingent \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Trustor

Date \_\_\_\_\_

Your Corporate Name of Seventh-day-  
Adventists, Trustee

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



## INVESTMENT DIRECTION

---

The undersigned hereby directs the General Conference Corporation of Seventh-day Adventists, Trustee, of the \_\_\_\_\_ Revocable Trust, dated \_\_\_\_\_ to:

A. Make the following specific investments:

- \_\_\_\_\_ 1. \_\_\_\_\_ in the \_\_\_\_\_ Union Revolving Fund (can be withdrawn by giving \_\_\_\_\_ days written notice).
- \_\_\_\_\_ 2. \_\_\_\_\_ in a Certificate of Deposit with \_\_\_\_\_ Bank for \_\_\_\_\_ months.
- \_\_\_\_\_ 3. \_\_\_\_\_ shares of common stock of \_\_\_\_\_
- \_\_\_\_\_ 4. Assignment of Personal Property
- \_\_\_\_\_ 5. Other: \_\_\_\_\_  
\_\_\_\_\_

B. Process the income of this investment as follows:

- \_\_\_\_\_ 1. Mail check to Trustor quarterly
- \_\_\_\_\_ 2. Reinvest interest in Account \_\_\_\_\_
- \_\_\_\_\_ 3. Other: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Trustor Signature

\_\_\_\_\_  
Trustor Signature

Trustee: Your Corporate Name of Seventh-day Adventists

by: \_\_\_\_\_

Date: \_\_\_\_\_

## REVOCATION NOTICE

---

DATE: \_\_\_\_\_

TO: YOUR CONFERENCE CORPORATION / ASSOCIATION  
OF SEVENTH-DAY ADVENTISTS  
STREET  
CITY STATE ZIP

Trust Name: \_\_\_\_\_

Trust Date: \_\_\_\_\_

As Grantor(s) of the above referenced trust Agreement, I(we) hereby revoke the Trust in its entirety and I(we) hereby direct you to transfer and deliver all of the assets held in trust to me(us).

Subject to receipt of the trust assets in satisfactory form, it is acknowledged that the trust is hereby canceled and terminated. It is further acknowledged that the trustee has fully discharged all of its obligations under the trust, and the trustee is hereby released from all liabilities and obligations arising out of or in any manner connected with the trust or affecting the trust estate.

In addition, return to me(us) original documents pertaining to trust assets, pour over will and advance directives held in your custody.

Sincerely yours,

\_\_\_\_\_  
Trustor's Name

\_\_\_\_\_  
Trustor's Name

## WITHDRAWAL FROM TRUST

---

Date: \_\_\_\_\_

The undersigned, being the acting Trustor of the \_\_\_\_\_ Revocable Trust No. \_\_\_\_\_, dated \_\_\_\_\_, entered into by the undersigned Trustor and the \_\_\_\_\_ Conference Corporation of Seventh-day Adventists, who serves as Trustee, requests the withdrawal of the following described Trust asset(s):

Asset(s) \_\_\_\_\_

Asset(s) \_\_\_\_\_

Subject to receipt of the above listed asset in satisfactory form, the undersigned acknowledge that the Trustee is hereby relieved of any further liability or obligation arising out of or in any manner connected with the Trust insofar as the above described asset is concerned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustor

\_\_\_\_\_  
Trustor

**FILE SUMMARY SHEET: Charitable Gift Annuity**

**Donors:** \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone numbers* Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dates of birth His \_\_\_\_\_ Hers \_\_\_\_\_

Social Security No. His \_\_\_\_\_ Hers \_\_\_\_\_

Dates of death His \_\_\_\_\_ Hers \_\_\_\_\_

**Annuity No.** \_\_\_\_\_ **Date:** \_\_\_\_\_ (Use Annuity Summary Table if multiple annuities)

**Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Payment Amount:** \_\_\_\_\_

**Annuitant:** Donor Donor & Spouse: Donor & another person: Other: \_\_\_\_\_

**Name**(if other than Donor): \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone numbers* Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dates of birth His \_\_\_\_\_ Hers \_\_\_\_\_

Social Security No. His \_\_\_\_\_ Hers \_\_\_\_\_

Dates of death His \_\_\_\_\_ Hers \_\_\_\_\_

Payment Method: Check ACH Other \_\_\_\_\_

**Remainder Beneficiary:**

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

**Additional Gift Plans** (See respective file)

CRT \_\_\_\_\_ PLIA \_\_\_\_\_ Revocable Trust \_\_\_\_\_ Other \_\_\_\_\_

TMC Actions & Date:

Comments:

(The following table may be used if one person has multiple contracts)

ANNUITY SUMMARY TABLE

Annuitant	Annuity Date	Number	Original Amount	Rate	Frequency	Payment amount	Payment Method	Beneficiary

SPECIMEN

**FILE SUMMARY SHEET: Trust**

Grantors: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dates of birth His \_\_\_\_\_ Hers \_\_\_\_\_

Social Security No. His \_\_\_\_\_ Hers \_\_\_\_\_

Dates of death His \_\_\_\_\_ Hers \_\_\_\_\_

Trust No. \_\_\_\_\_ Date: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

Amendments dated: \_\_\_\_\_

Trustee: Self\_GC Corp\_Other: \_\_\_\_\_ Distribution Summary \_\_\_\_\_

Type: Rev \_\_\_\_\_ Irrev \_\_\_\_\_ CRT \_\_\_\_\_

Income Beneficiary: Grantor \_\_\_\_\_ Other \_\_\_\_\_ None after Grantor \_\_\_\_\_

If Other: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

Trust Assets: Real Estate \_\_\_\_\_ No. Parcels \_\_\_\_\_ Mortgage \_\_\_\_\_ Rental \_\_\_\_\_

Recorded \_\_\_\_\_ HH No Record \_\_\_\_\_ Ins \_\_\_\_\_ HH No Add'l Ins \_\_\_\_\_

Securities \_\_\_\_\_ CURF \_\_\_\_\_ Other \_\_\_\_\_

Contingent \_\_\_\_\_

Wills dated: \_\_\_\_\_ Codicils dated: \_\_\_\_\_

Personal Rep \_\_\_\_\_

Pour over Will \_\_\_\_\_ Simple Will \_\_\_\_\_ Testamentary Trust \_\_\_\_\_ Guardian \_\_\_\_\_

Distribution Summary \_\_\_\_\_

**Advanced Directives:**

His DPOA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

POA-HC \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_ Living Will \_\_\_\_\_ Date \_\_\_\_\_

HIPAA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Hers DPOA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

POA-HC \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Living Will \_\_\_\_\_ Date \_\_\_\_\_

HIPAA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Other \_\_\_\_\_

**Additional Gift Plans** (See respective file)

CRT \_\_\_\_\_ Gift Annuity \_\_\_\_\_ Life Income Agreement \_\_\_\_\_ Other \_\_\_\_\_

**Annual Actions Needed**

File Review \_\_\_\_\_

Real Estate Info Update \_\_\_\_\_

HIPAA Update \_\_\_\_\_

Securities Inspection \_\_\_\_\_

**TMC Actions & Date:**

Comments:

SPECIMEN

**FILE SUMMARY SHEET: Will**

Testators: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dates of birth His \_\_\_\_\_ Hers \_\_\_\_\_

Social Security No. His \_\_\_\_\_ Hers \_\_\_\_\_

Dates of death His \_\_\_\_\_ Hers \_\_\_\_\_

Wills dated: \_\_\_\_\_ Codicils dated: \_\_\_\_\_

Personal Rep \_\_\_\_\_

Pour over Will \_\_\_\_\_ Simple Will \_\_\_\_\_ Testamentary Trust \_\_\_\_\_ Guardian \_\_\_\_\_

Distribution Summary \_\_\_\_\_

Guardian Information: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_

Testamentary Trust: Type: Simple \_\_\_\_\_ CRT \_\_\_\_\_

Trustee: GC Corp \_\_\_\_\_ Other: \_\_\_\_\_

Distribution Summary \_\_\_\_\_

**Income Beneficiary:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

**Advanced Directives:**

His DPOA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

POA-HC \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_ Living Will Date \_\_\_\_\_

HIPAA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Hers DPOA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_



POA-HC \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Living Will \_\_\_\_\_ Date \_\_\_\_\_

HIPAA \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

Other \_\_\_\_\_

Additional Gift Plans (See respective file)

CRT \_\_\_\_\_ Gift Annuity \_\_\_\_\_ Life Income Agreement \_\_\_\_\_ Other \_\_\_\_\_

Annual Actions Needed

TMC Actions & Date:

File Review \_\_\_\_\_

Real Estate Info Update \_\_\_\_\_

HIPAA Update \_\_\_\_\_

Securities Inspection \_\_\_\_\_

Comments:

SPECIMEN

**RESIDENTIAL ENVIRONMENTAL QUESTIONNAIRE**

---

Owner's name(s) \_\_\_\_\_

Property address \_\_\_\_\_

---

1. Type of structure (brick, frame, etc.) \_\_\_\_\_

Evidence of asbestos?

\_\_\_\_\_siding    \_\_\_\_\_insulation    \_\_\_\_\_pipe wrap

Evidence of underground storage tanks?    \_\_\_\_\_yes    \_\_\_\_\_no

Other evidence of contamination or hazardous substances?

\_\_\_\_\_yes    \_\_\_\_\_no

If any question is yes, please describe:

---

---

2. If the property is rural, please describe current use (other than residential):

---

---

3. When did you acquire the property?

Bought land and building(s) in \_\_\_\_\_(year).

Bought land in \_\_\_\_\_(year) and added building(s) in \_\_\_\_\_(year).

4. Please provide the following information regarding the former owner of land and building(s):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

5. Describe all prior uses of the building(s) and land of which you have a knowledge (e.g., agricultural land), and the approximate dates of such uses:

---

---

6. Do you have any reason to believe that asbestos was in the past, or currently is present, in any form, in, on, or about the property?

\_\_\_\_\_yes \_\_\_\_\_no

7. Do you have any reason to believe that the property, including the land and any existing or prior buildings, was at any time in the past or currently, contaminated by any hazardous substances as defined in item #12 below?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

---

8. The following are situations that pose a higher risk of contamination. Check if any are present on the site or in the subject building(s):

\_\_\_\_\_Drums or other containers stored on site

\_\_\_\_\_Stored batteries

\_\_\_\_\_Stored electrical transformers

\_\_\_\_\_Above-ground tanks

\_\_\_\_\_Liquid or solid waste disposal area

\_\_\_\_\_Septic system

\_\_\_\_\_Lead paint

\_\_\_\_\_Urea formaldehyde foam insulation

Explain in detail and give exact location of items checked.

---

---

---

9. Do any current occupants, or did any prior occupants of the property, use, handle, or store any hazardous substances? \_\_\_\_\_yes \_\_\_\_\_no

If yes, explain:

---

---

10. Are there now, or have there been any underground tanks or pipelines (other than water, sewer, and natural gas utility lines) on the property?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

---

---

---

11. Please list the name of adjoining landowners. If any, adjoining land is other than residential, list the natures of the use of such adjoining land including the name(s) of any businesses operated thereon which border the property on all sides:

East: \_\_\_\_\_

---

West: \_\_\_\_\_

---

North: \_\_\_\_\_

---

South: \_\_\_\_\_

---

12. To the best of your knowledge, if there are adjoining businesses, have any of these adjoining businesses or landowners been involved in any matter described in questions 6 through 10? \_\_\_\_\_yes \_\_\_\_\_no

As used herein, the term "hazardous substances" includes any substance, waste, or material defined or designated as hazardous, toxic, or dangerous (or any similar term) by any federal, state, or local statute, regulation, rule, or ordinance now or hereafter in effect.

As owners of that real property which is the subject of this questionnaire, I/we are familiar with the property and the uses and operations presently conducted on the property, and I/we represent and certify for the benefit of the \_\_\_\_\_ Corporation of Seventh-day Adventists, that to the best of my/our knowledge:

1. The property and all operations thereon comply with applicable environmental laws, regulations, and court or administrative orders;
2. There are no pending or threatened private or governmental claims, or judicial or administrative actions relating to environmental impairment on the property.
3. There are no areas on the property where hazardous or toxic substances have either been released, disposed of, or found, other than those that are disclosed in this questionnaire or in the reports attached hereto; and
4. Reports and Permits attached hereto are true and correct copies. I/We have no knowledge that any of the information in the Reports or Permits is false or misleading in any respect.

\_\_\_\_\_  
Owner

Date \_\_\_\_\_

\_\_\_\_\_  
Owner

Date \_\_\_\_\_

## **RESIDENTIAL ENVIRONMENTAL INSPECTION CHECKLIST**

---

Inspected by \_\_\_\_\_

Owner's name(s) \_\_\_\_\_

Property address: \_\_\_\_\_

---

This property is \_\_\_\_\_ rural or \_\_\_\_\_ urban (within incorporated city limits).

1. An on-site inspection revealed the following:

Evidence of asbestos (sprayed on fireproofing, pipe wrap, friable ceiling tiles, acoustical plaster, siding, roofing, insulation) \_\_\_\_\_yes \_\_\_\_\_no

Discolored soil or pavement areas \_\_\_\_\_yes \_\_\_\_\_no

Recently disturbed soil areas \_\_\_\_\_yes \_\_\_\_\_no

Areas of sparse, sick, or dead vegetation \_\_\_\_\_yes \_\_\_\_\_no

Discolored standing water \_\_\_\_\_yes \_\_\_\_\_no

Ponds, lagoons, or unidentified pits and depressions \_\_\_\_\_yes \_\_\_\_\_no

Maintenance areas (shops and/or auto/truck operations) \_\_\_\_\_yes \_\_\_\_\_no

Proximity of property to dump/landfill, known hazardous waste sites, or high-risk industries \_\_\_\_\_yes \_\_\_\_\_no

Unusual or noxious odors \_\_\_\_\_yes \_\_\_\_\_no

Groundwater monitoring wells or other wells \_\_\_\_\_yes \_\_\_\_\_no

Roads or tire tracks with no apparent destination \_\_\_\_\_yes \_\_\_\_\_no

Drums or storage tanks (specify type) \_\_\_\_\_yes \_\_\_\_\_no

Evidence of PCBs (electrical transformers, capacitors) \_\_\_\_\_yes \_\_\_\_\_no

Septic system \_\_\_\_\_yes \_\_\_\_\_no

- Liquid or solid waste disposal area \_\_\_\_\_yes \_\_\_\_\_no
- Evidence of petroleum or oil products \_\_\_\_\_yes \_\_\_\_\_no
- Evidence of chemical spills or leaks (floor stains, discolored paint)\_\_\_\_\_yes \_\_\_\_\_no
- Source of air emission (paint booths/smoke stacks/chimneys) \_\_\_\_\_yes \_\_\_\_\_no
- Above-ground or underground storage tanks, vent, or filler pipes \_\_\_\_\_yes \_\_\_\_\_no
- Piles of waste or trash or unidentified mounds \_\_\_\_\_yes \_\_\_\_\_no

If any of the above items are marked yes, explain details and exact location:

---

---

---

2. Note any information that could be helpful for further investigations, such as names of people you spoke with at the site, exact locations of suspect contamination, etc.

---

---

---

3. Please note any other observations you have regarding past, current, or possible future contamination.

---

---

---

4. All adjacent properties should be viewed. If any evidence of hazardous waste was discovered, please describe. (Attach a plat showing (a) adjacent properties and (b) all commercial activities within a one-mile radius.)

---

---

5. I viewed all of the site, including yard areas, vacant land, etc.  yes  no

If no, list areas not seen.

---

---

### Evaluation

Based on the evaluation of known environmental factors, there is no evidence of environmental contamination on this or neighboring properties, and no further action is recommended.

Based on the evaluation of known environmental factors, there is evidence of possible environmental contamination on this or neighboring properties, and further investigation is recommended.

Reported by

---

Type name and title

---

Signature

Date

Reviewed by

---

Name of legal counsel

---

Signature of legal counsel

Date



**ACREAGE ENVIRONMENTAL QUESTIONNAIRE**

---

Owner's name(s) \_\_\_\_\_

Property address: \_\_\_\_\_

\_\_\_\_\_

As used herein, the term "hazardous substances" includes any substance, waste, or material Defined or designated as hazardous, toxic, or dangerous (or any similar term) by any federal, state, or local statute, regulation, rule, or ordinance now or hereafter in effect.

1. If there are any improvements on property:

Check type of structure: \_\_\_\_\_ brick \_\_\_\_\_ frame \_\_\_\_\_ other

Use: \_\_\_\_\_

Evidence of asbestos?

\_\_\_\_\_ Siding \_\_\_\_\_ insulation \_\_\_\_\_ pipe wrap \_\_\_\_\_ yes \_\_\_\_\_ no

Evidence of underground storage tanks? \_\_\_\_\_ yes \_\_\_\_\_ no Other

evidence of contamination or hazardous substances? \_\_\_\_\_ yes \_\_\_\_\_ no If any

question is yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If the property is agricultural or unimproved land, please describe the current use :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. When did you acquire the property?

Bought land and building(s) in \_\_\_\_\_(year).

Bought land in \_\_\_\_\_(year) and added building(s) in \_\_\_\_\_(year).

4. Please provide the following information regarding the former owner of land and building(s):

Former owner's name(s) \_\_\_\_\_

Address: \_\_\_\_\_

5. Describe all prior uses of the building(s) and land of which you have a knowledge (e.g., agricultural land), and the approximate dates of such uses:

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

6. Do you have any reason to believe that asbestos was in the past, or currently is present, in any form, in, on, or about the property? \_\_\_\_\_yes \_\_\_\_\_no

7. Do you have any reason to believe that the property, including the land and any existing or prior buildings, was at any time in the past or currently, contaminated by any hazardous substances as defined above? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

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

8. The following are situations that pose a higher risk of contamination. Check if any are present on the site or in the subject building(s):

\_\_\_\_\_ Drums or other containers stored on site

\_\_\_\_\_ Stored batteries

\_\_\_\_\_ Stored electrical transformers

\_\_\_\_\_ Above-ground tanks

\_\_\_\_\_ Other liquid or solid waste disposal area

\_\_\_\_\_ Septic system

\_\_\_\_ Lead paint

\_\_\_\_ Urea formaldehyde foam insulation

Explain in detail and give exact location of items checked.

---

---

---

Do any current occupants, or did any prior occupants of the property, use, handle, or store any hazardous substances?      \_\_\_\_yes      \_\_\_\_no

If yes, please explain:

---

---

---

Are there now, or have there been any underground tanks or pipelines (other than water, sewer, and natural gas utility lines) on the property?      \_\_\_\_yes      \_\_\_\_no

If yes, explain:

---

---

Please list the names of adjoining landowners and the name(s) of any businesses operated thereon which border the property on all sides:

East: \_\_\_\_\_

West \_\_\_\_\_

North \_\_\_\_\_

South \_\_\_\_\_

---

9. Are there now or have there ever been oil or any gas operations on this property?  
(Includes oil wells, gas wells, water injection wells, storage facilities, pipelines, refineries, etc.)

\_\_\_\_\_yes \_\_\_\_\_no

If yes, describe:

---

---

10. To the best of your knowledge, if there are adjoining businesses, have any of these adjoining businesses or landowners been involved in any matter described in questions 6 through 9?

\_\_\_\_\_yes \_\_\_\_\_no

11. Have you had the water tested within the last five years? \_\_\_\_\_yes \_\_\_\_\_no

By whom? \_\_\_\_\_

Results? \_\_\_\_\_

12. Have you had the soil tested within the last five years? \_\_\_\_\_yes \_\_\_\_\_no

By whom? \_\_\_\_\_

Results? \_\_\_\_\_

13. Does any portion of this property lie within a 100-year flood plain? \_\_\_\_\_yes \_\_\_\_\_no

14. Are there any streams that cross the property? \_\_\_\_\_yes \_\_\_\_\_no

15. Are there areas of the property which are subject to unregulated trash dumping, and/or does trash wash across the property during heavy rains or flooding? \_\_\_\_\_yes \_\_\_\_\_no

16. Are there any wells on the property? \_\_\_\_\_yes \_\_\_\_\_no

17. Have you ever sprayed crops on this land?

When? \_\_\_\_\_

Product used? \_\_\_\_\_

18. If this property is or has been a landfill, are all permits current? \_\_\_\_\_yes \_\_\_\_\_no

If yes, record here permit numbers and attach copies of permits:

---

19. What kinds of records were kept of landfill dumping?

---

---

20. Have hazardous or toxic materials ever been dumped under permit?  yes  no

If yes, attach copies of permit(s).

21. What kind of fence surrounds the landfill? \_\_\_\_\_

What kind of security is in place? \_\_\_\_\_

22. Does any off-site drainage cross the property?  yes  no

If yes, what is the source? \_\_\_\_\_

23. Are there any fire hazards on the site?  yes  no

24. Are you aware of any reports, surveys, investigations, or test results (see the Reports) for this property?  yes  no

25. For each occupant of the property (owner and/or tenant(s)), attach copies of all applicable permits which are required for the operation of the occupant's business or use of the property.

### Owners Certification

As owners of that real property which is the subject of this questionnaire, I/we are familiar with the property and the uses and operations presently conducted on the property, and I/we represent and certify for the benefit of the \_\_\_\_\_ Corporation/Association of Seventh-day Adventists, that to the best of my/our knowledge:

1. The property and all operations thereon comply with applicable environmental laws, regulations, and court or administrative orders;
2. There are no pending or threatened private or governmental claims, or judicial or administrative actions relating to environmental impairment on the property.
3. There are no areas on the property where hazardous or toxic substances have either been released, disposed of, or found, other than those that are disclosed in this questionnaire or in the reports attached hereto; and
4. Reports and Permits attached hereto are true and correct copies. I/We have no knowledge that any of the information in the reports or permits is false or misleading in any respect.

---

Owner signature

Date

---

---

Owner signature

Date

---

SPECIMEN

# ACREAGE ENVIRONMENTAL INSPECTION CHECKLIST

Inspected by \_\_\_\_\_

Owner's name(s) \_\_\_\_\_

Property address/description: \_\_\_\_\_

This property is \_\_\_\_\_ farm \_\_\_\_\_ ranch \_\_\_\_\_ dump site \_\_\_\_\_ landfill \_\_\_\_\_ other

1. An on-site inspection revealed the following:

Evidence of asbestos (sprayed on fireproofing, pipe wrap, friable ceiling tiles, acoustical plaster, siding, roofing, insulation) \_\_\_\_\_ yes \_\_\_\_\_ no

Discolored soil or pavement areas \_\_\_\_\_ yes \_\_\_\_\_ no

Recently disturbed soil areas \_\_\_\_\_ yes \_\_\_\_\_ no

Areas of sparse, sick, or dead vegetation \_\_\_\_\_ yes \_\_\_\_\_ no

Discolored standing water \_\_\_\_\_ yes \_\_\_\_\_ no

Ponds, lagoons, or unidentified pits and depressions \_\_\_\_\_ yes \_\_\_\_\_ no Maintenance

areas (shops and/or auto/truck operations) \_\_\_\_\_ yes \_\_\_\_\_ no

Proximity of property to dump/landfill, known hazardous waste sites, or high-risk industries \_\_\_\_\_ yes \_\_\_\_\_ no

Unusual or noxious odors \_\_\_\_\_ yes \_\_\_\_\_ no

Groundwater monitoring wells or other wells \_\_\_\_\_ yes \_\_\_\_\_ no

Roads or tire tracks with no apparent destination \_\_\_\_\_ yes \_\_\_\_\_ no Drums or

storage tanks (specify type) \_\_\_\_\_ yes \_\_\_\_\_ no Evidence of

PCBs (electrical transformers, capacitors) \_\_\_\_\_ yes \_\_\_\_\_ no

Septic system \_\_\_\_\_ yes \_\_\_\_\_ no

Liquid or solid waste disposal area \_\_\_\_\_ yes \_\_\_\_\_ no

Evidence of petroleum or oil products yes no

Evidence of chemical spills or leaks (floor stains, discolored paint) yes no

Source of air emission (paint booths/smoke stacks/chimneys) yes no

Above-ground or underground storage tanks, vent, or filler pipes yes no

Piles of waste or trash or unidentified mounds yes no

If any of the above items are marked yes, explain details and exact location:

---

---

2. Note any information that could be helpful for further investigations, such as names of people you spoke with at the site, exact locations of suspect contamination, etc.

---

---

3. Please note any other observations you have regarding past, current, or possible future contamination.

---

---

4. All adjacent properties should be viewed. If any evidence of hazardous waste was discovered, please describe. (Attach a plat showing (a) adjacent properties and (b) all commercial activities within a one-mile radius.)

---

---

5. I viewed all of the site, including yard areas, vacant land, etc. yes no

If no, list areas not seen.

---

---



**Evaluation**

\_\_\_\_ Based on the evaluation of known environmental factors, there is no evidence of environmental contamination on this or neighboring properties, and no further action is recommended.

\_\_\_\_ Based on the evaluation of known environmental factors, there is evidence of possible environmental contamination on this or neighboring properties, and further investigation is recommended.

Reported by: \_\_\_\_\_

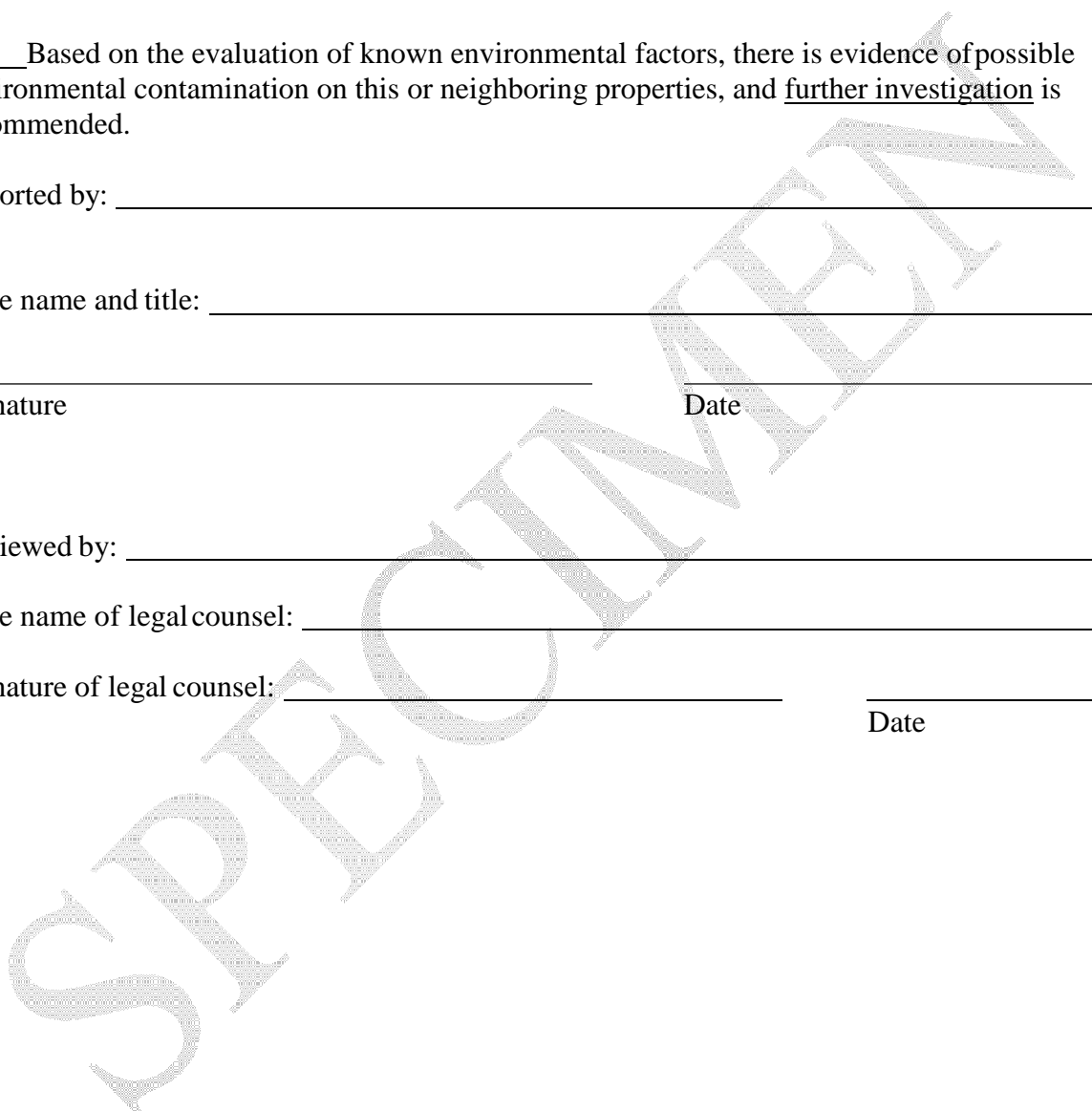
Type name and title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Type name of legal counsel: \_\_\_\_\_

Signature of legal counsel: \_\_\_\_\_ Date \_\_\_\_\_



## **COMMERCIAL/INDUSTRIAL ENVIRONMENTAL QUESTIONNAIRE**

---

Owner's name(s) \_\_\_\_\_

Property address: \_\_\_\_\_

\_\_\_\_\_

As used herein, the term "hazardous substances" includes any substance, waste, or material defined or designated as hazardous, toxic, or dangerous (or any similar term) by any federal, state, or local statute, regulation, rule, or ordinance now or hereafter in effect.

1. Type of business: \_\_\_\_\_

2. Products or services manufactured/sold: \_\_\_\_\_

\_\_\_\_\_

3. When did you acquire the property? \_\_\_\_\_

a. Bought land and building(s) in \_\_\_\_\_ (year).

b. Bought land in \_\_\_\_\_ (year) and added building(s) in \_\_\_\_\_ (year).

c. Leased building in \_\_\_\_\_ (year).

4. Please provide the following information:

a. Name of former owner of land and building(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

b. Building architect

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

c. Geotechnical (soils) Engineer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Describe all prior uses of the building(s) and land of which you have a knowledge (e.g., agricultural land, building occupied by an auto parts distributor, multi-tenant industrial occupancy, etc.), and the approximate dates of such uses:

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

6. Do you have any reason to believe that asbestos was in the past, or currently is present, in any form, in, on, or about the property? \_\_\_\_\_yes \_\_\_\_\_no

7. Do you have any reason to believe that the property, including the land and any existing or prior buildings, was at any time in the past or currently, contaminated by any hazardous substances as defined above? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

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

8. The following are situations that pose a higher risk of contamination. Check if any are present on the site or in the subject building(s):

\_\_\_\_ Drums or other containers stored on site

\_\_\_\_ Stored batteries

\_\_\_\_ Stored electrical transformers

\_\_\_\_ Above-ground tanks

\_\_\_\_ Other liquid or solid waste disposal area

\_\_\_\_ Septic system

\_\_\_\_ Lead paint

\_\_\_\_ Urea formaldehyde foam insulation

If any of these items are checked, explain in detail and give exact location.

---

---

9. Do any current occupants, or did any prior occupants of the property, use, handle, or store any hazardous substances? \_\_\_\_\_yes \_\_\_\_\_no

If yes, explain:

---

---

10. The following types of activities may generate hazardous waste or materials. Check if any are present in the property:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| ____ service/gas station          | ____ building cleaning/maintenance  |
| ____ chemical manufacturing       | ____ furniture/wood refinishing     |
| ____ dry cleaners                 | ____ laboratories                   |
| ____ metal manufacturing          | ____ paint shop manufacturing       |
| ____ wood preserving              | ____ vehicle maintenance automotive |
| ____ other (please explain) _____ |                                     |

---

---

11. Are there now, or have there been any underground tanks or pipelines (other than water, sewer, and natural gas utility lines) on the property? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

---

---

Provide evidence of permits:

---

---

12. List all occupants of the property (owner(s) and/or tenant(s)), nature of business and the products produced in each business on the property:



\_\_\_\_\_

\_\_\_\_\_

17. Are you aware of any reports, surveys, investigations, or test results (see the Reports) for this property? \_\_\_\_\_yes \_\_\_\_\_no

Name of report

Prepared by

Date

Name of report	Prepared by	Date

SPECIMEN

Owners Certification

As owners of that real property which is the subject of this questionnaire, I/we are familiar with the property and the uses and operations presently conducted on the property, and I/we represent and certify for the benefit of the \_\_\_\_\_ Corporation/Association of Seventh-day Adventists, that to the best of my/our knowledge:

1. The property and all operations thereon comply with applicable environmental laws, regulations, and court or administrative orders;
2. There are no pending or threatened private or governmental claims, or judicial or administrative actions relating to environmental impairment on the property.
3. There are no areas on the property where hazardous or toxic substances have either been released, disposed of, or found, other than those that are disclosed in this questionnaire or in the reports attached hereto; and
4. Reports and Permits attached hereto are true and correct copies. I/We have no knowledge that any of the information in the reports or permits is false or misleading in any respect.

Owner signature \_\_\_\_\_

Date \_\_\_\_\_

Owner signature \_\_\_\_\_

Date \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL ENVIRONMENTAL INSPECTION CHECKLIST**

Inspected by \_\_\_\_\_

Owner's name(s) \_\_\_\_\_

Property address/description: \_\_\_\_\_

This property is

\_\_\_\_ rural

\_\_\_\_ urban (within incorporated city limits)

\_\_\_\_ zoned "commercial"

\_\_\_\_ zoned "industrial"

\_\_\_\_ has no improvements

\_\_\_\_ developed

Describe the extent of development:

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

Type of business: \_\_\_\_\_

Describe structure(s): \_\_\_\_\_

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

Briefly describe the business activity: \_\_\_\_\_

\_\_\_\_\_

1. An on-site inspection revealed the following:



Evidence of asbestos (sprayed on fireproofing, pipe wrap, friable ceiling tiles, acoustical plaster, siding, roofing, insulation) yes no

Discolored soil or pavement areas yes no

Recently disturbed soil areas yes no

Areas of sparse, sick, or dead vegetation yes no

Discolored standing water yes no

Ponds, lagoons, or unidentified pits and depressions yes no

Maintenance areas (shops and/or auto/truck operations) yes no

Proximity of property to dump/landfill, known hazardous waste sites, or high-risk industries yes no

Unusual or noxious odors yes no

Groundwater monitoring wells or other wells yes no

Roads or tire tracks with no apparent destination yes no Drums or storage tanks (specify type) yes no Evidence of PCBs (electrical transformers, capacitors) yes no

Septic system yes no

Liquid or solid waste disposal area yes no

Evidence of petroleum or oil products yes no Evidence of chemical spills or leaks (floor stains, discolored paint) yes no Source of air emission (paint booths/smoke stacks/chimneys) yes no Above-ground or underground storage tanks, vent, or filler pipes yes no Piles of waste or trash or unidentified mounds yes no

If any of the above items are marked yes, explain details and exact location:

---

---

---

---

2. The following types of activities may generate hazardous substances. Check if any are present in, on or at the property.

- |  |   |
|--|---|
| <input type="checkbox"/> service/gas station           | <input type="checkbox"/> metal manufacturing            |
| <input type="checkbox"/> building cleaning/maintenance | <input type="checkbox"/> paint shop manufacturing       |
| <input type="checkbox"/> chemical manufacturing        | <input type="checkbox"/> wood preserving                |
| <input type="checkbox"/> furniture/wood refinishing    | <input type="checkbox"/> vehicle maintenance automotive |
| <input type="checkbox"/> dry cleaners                  | <input type="checkbox"/> other (please explain)         |
| <input type="checkbox"/> laboratories                  |   |

a. List all products manufactured/created, services sold:

---

---

---

---

b. List all waste products:

---

---

---

---

c. Explain how waste products are disposed

---

---

---

3. Note any information that could be helpful for further investigation, such as names of people you spoke with at the site, the exact locations of suspect contamination, etc.

---

---

---

---

4. Please note any other observations you have regarding past, current, or possible future contamination.

---

---

5. All adjacent properties should be viewed. If any evidence of hazardous waste was discovered, please describe. (Attach a plat showing (a) adjacent properties and (b) all commercial activities within a one-mile radius.)

---

---

---

---

6. List any tenants and the nature of their business

Name(s) of Occupant(s)	Nature of Business	Products Produced

b. I viewed all tenant spaces  yes  no

List any tenant spaces not seen (list tenant's name and suite number)

---

---

c. I viewed all of the site, including yard areas, vacant land, etc.  yes  no

List areas not seen.

---

---

6. Interviewed fire department?  yes  no

If yes, please relate results

---

---

7. Interviewed health department?  yes  no

If yes, please relate results

---

---

8. Are aerial photos available?  yes  no

If yes, what is the date of the photos? \_\_\_\_\_

Have the photos been reviewed? \_\_\_\_\_

9. Does the current occupant have any permits from

State Water Control?

State Air Control?

EPA?

If any, attach copies:

10. How is waste water handled?

---

---

11. Are any chemicals stored on site?  yes  no

If yes, list chemicals and how stored.

---

---

12. Is property listed on the National Priorities ("Superfund") List?  yes  no

If yes, attach any applicable documentation.

### Evaluation

Based on the evaluation of known environmental factors, there is no evidence of environmental contamination on this or neighboring properties, and no further action is recommended.

Based on the evaluation of known environmental factors, there is evidence of possible environmental contamination on this or neighboring properties, and further investigation is recommended.

Reported by: \_\_\_\_\_

Type name and title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Type name of legal counsel: \_\_\_\_\_

Signature of legal counsel: \_\_\_\_\_ Date \_\_\_\_\_

## File Folder Organization

**General Conventions:** Chronological order with oldest on bottom, Checklist on top of document/procedure it references, Separate different types of documents/forms with divider sheets/cards (label card on bottom); in order to facilitate reading of labels (if multiple dividers on a page) trim divider sheets/cards in 1 inch increments

### File Folder Name Label

Name (all caps) top left corner of label

Type of document (Trust No. 123, Estate, Annuity etc.) in lower right corner

### Trust Document Folder

Blue, 2 partitions

<p style="text-align: center;"><b>Page 1</b></p> <p style="text-align: center;"><b>Label = COMMUNICATION</b></p> <p>Documents starting from the bottom: original request/ initial contact; then chronologically, not by type; letters, phone notes, memos, FAXes, visitation records, etc.</p>	<p style="text-align: center;"><b>Page 2</b></p> <p style="text-align: center;"><b>Label = TRUST DOCUMENTS</b></p> <p>Documents starting from the bottom: Trust; Amendments; Death Certificate of Grantor (on top of whichever is the current document at the time of death); Trust/Amendment Checklist; File Summary</p>
<p style="text-align: center;"><b>Page 3</b></p> <p style="text-align: center;"><b>Label: SUPPORTING DOCUMENTS</b></p> <p>Disclosures, Committee Actions, Add/Withdraw Forms, Distribution receipts &amp; checklist</p>	<p style="text-align: center;"><b>Page 4</b></p> <p style="text-align: center;"><b>Label = WILL &amp; ADVANCE DIRECTIVES</b></p> <p>Documents starting from the bottom: Wills, Will checklist Divider POA, POA-Health Care, Living Will</p>
<p style="text-align: center;"><b>Page 5</b></p> <p style="text-align: center;"><b>Label = FILE REVIEW</b></p> <p>Check list/file review, memo to responsible department personnel for corrective action needed, Memo listing GC audit faults (Use dividers to separate a File Review and its resultant Memos from subsequent File Reviews)</p>	<p style="text-align: center;"><b>Page 6</b></p> <p style="text-align: center;"><b>Label = INFORMATION</b></p> <p>Documents starting from the bottom: Burial Information, Beneficiary information, Family Information Form, directions to home</p>

**Trust Asset Folder**  
Green, 2 partitions

<p style="text-align: center;"><b>Page 1</b></p> <p style="text-align: center;"><b>Label = ASSET SUMMARY</b></p> <p style="text-align: center;">Year end Asset Review; Current Asset Review</p>	<p style="text-align: center;"><b>Page 2</b></p> <p style="text-align: center;"><b>Label = ACCOUNTING AND TAX INFORMATION</b></p> <p style="text-align: center;">Tax ID # IRS Notice on bottom; Annual reports to Trustor, tax filings, 1099's (chronological with tax reports on top of annual reports)</p>
<p style="text-align: center;"><b>Page 3</b></p> <p style="text-align: center;"><b>Label = REAL ESTATE</b></p> <p>Separate related documents by sheet/card stock divider): Abstracts, Deed bringing property to Trustor, Supporting documents such as: cost basis statement, RE Information Form, RE Checklist, Title Insurance, RE Directions (HH not record Deed, Attorney letter etc.), Deed to Trustee, Land Contract/Mortgage, Property Insurance / hold harmless, Property Tax payment receipt</p> <p>If more than 2 parcels then use additional folder for all real estate. Place 1 parcel with supporting documents per page.</p>	<p style="text-align: center;"><b>Page 4</b></p> <p style="text-align: center;"><b>Label = BANK / BROKERAGE / SECURITIES / REVOLVING FUND</b></p> <p>(If &gt; 1 asset, use divider sheets with specific asst name, account # on bottom edge of divider) Assets included here: Only those assets titled in the name of the Trust/GCC Asset document on bottom, Investment Direction, supporting documents / statements in chronological order. Periodic statements, 1099s. Annual Security Insp. (if any) Always on top of page.</p>
<p style="text-align: center;"><b>Page 5</b></p> <p style="text-align: center;"><b>Label = OTHER ASSETS</b></p> <p style="text-align: center;">Assignment of Personal Property Vehicle Titles, etc.</p>	<p style="text-align: center;"><b>Page 6</b></p> <p style="text-align: center;"><b>Label = CONTINGENT ASSETS</b></p> <p>Utilize usual divider method to sep. assets Top page = Sections Inventory Include here POD, TOD, ITF, beneficial interest assets of various kinds Document status with financial institution verifications, copies of beneficiary designations countersigned by company representatives, etc.</p>

**Power of Attorney Folder**

Brown, 6 sections

<p style="text-align: center;">Page 1</p> <p style="text-align: center;">Label = COMMUNICATION Phone notes, memos, letters, etc.</p>	<p style="text-align: center;">Page 2</p> <p style="text-align: center;">Label = ADVANCE DIRECTIVES Durable Power of Attorney POA Revocation Letter/Memo re: death Court Guardianship documents Physician Declaration of Incompetence, POA-Health care/Living Will. Summary Sheet on top.</p>
<p style="text-align: center;">Page 3</p> <p style="text-align: center;">Label = AUTHORIZATIONS TMC Minutes Authorization for disposition of assets and major decisions and actions</p>	<p style="text-align: center;">Page 4</p> <p style="text-align: center;">Label = MISCELLANEOUS INFORMATION</p>
<p style="text-align: center;">Page 5</p> <p style="text-align: center;">Label = ASSET SUMMARY &amp; TRANSACTION SUMMARY Treasury printouts Quicken printouts (Acct. Balance Report, Transaction Report)</p>	<p style="text-align: center;">Page 6</p> <p style="text-align: center;">Label = BANK STATEMENTS &amp; RECONCILIATION Check book, Bank Statements Reconciliation Statements</p>



**Matured Will**  
Brown, 6 sections

<p style="text-align: center;">Page 1</p> <p>Label = COMMUNICATION (Chronological) Phone notes, memos, letters, etc. from date of death</p>	<p style="text-align: center;">Page 2</p> <p>Label = WILL, DEATH CERTIFICATES, AUTHORIZATIONS <i>From the bottom: Will, Death Certificate, Committee Actions, Matured Will Checklist, Distribution receipts, checklist, file summary on top</i></p>
<p style="text-align: center;">Page 3</p> <p>Label = PROBATE DOCUMENTS Chronologically by filings</p>	<p style="text-align: center;">Page 4</p> <p>Label = ASSET INFORMATION Asset ownership documents, Asset summary on top (Use additional folder for multiple assets)</p>
<p style="text-align: center;">Page 5</p> <p>Label = ACCOUNTING &amp; TAX INFORMATION IRS notice of EIN on bottom, Accounting &amp; Tax Information, (including final bills)</p>	<p style="text-align: center;">Page 6</p> <p>Label = MISCELLANEOUS INFORMATION (Beneficiary information, photos, SS card, etc.)</p>

**Matured Trust**  
 Brown, 6 sections  
 (Seldom used as separate folder)

<p>Page 1</p> <p>Label = COMMUNICATION                  (Chronological) Phone notes, memos,                  letters, etc. from date of death</p>	<p>Page 2</p> <p>Label = TRUST DOCUMENTS  <i>From the bottom: Trust, Death Certificate,                  Completed Matured Trust checklist,                  Committee Actions, Distribution receipts,                  Distribution checklist, File Summary on                  top</i></p>
<p>Page 3</p> <p>Label = ASSET INFORMATION                  Asset ownership documents, Asset                  summary on top                  (Use additional folder for multiple assets)</p>	<p>Page 4</p> <p>Label = ACCOUNTING &amp; TAX                  INFORMATION                  IRS notice of EIN on bottom,                  Accounting &amp; Tax Information,                  (including final bills)</p>
<p>Page 5</p> <p>Label = BENEFICIARY INFORMATION                  Addresses, other pertinent information                  concerning beneficiaries</p>	<p>Page 6</p> <p>Label = MISCELLANEOUS                  INFORMATION                  (photos, SS card, etc.)</p>

**Gift Annuity**  
Blue, 4 Sections

<p style="text-align: center;">Page 1</p> <p>Label = COMMUNICATION (Chronological) Phone notes, memos, letters, etc.</p>	<p style="text-align: center;">Page 2</p> <p>Label = ANNUITY AGREEMENT #1 <i>From the bottom: Gift Illustration, check copy/stock transmittal, Application, Annuity agreement, all disclosures, New Annuity Checklist, Distribution receipts, Matured Annuity Checklist, Death Certificate</i> <i>file summary on top</i></p>
<p>Label = ANNUITY AGREEMENT #2 <i>From the bottom: Gift Illustration, check copy/stock transmittal, Application, Annuity agreement, all disclosures, New Annuity Checklist, Distribution receipts, Matured Annuity Checklist, Death Certificate</i> <i>file summary on top</i></p>	<p>Label = ANNUITY AGREEMENT #3 <i>From the bottom: Gift Illustration, check copy/stock transmittal, Application, Annuity agreement, all disclosures, New Annuity Checklist, Distribution receipts, Matured Annuity Checklist, Death Certificate</i> <i>file summary on top</i></p>