

# CHARITABLE TRUST TERMINATION STATEMENT

(R.I.G.L. § 18-9-16)

1. Name of Charitable Trust: \_\_\_\_\_

a. Federal Identification Number: \_\_\_\_\_  
*EIN/Federal ID No.*

b. Attorney General Number: \_\_\_\_\_

2. Trust Purpose: \_\_\_\_\_  
\_\_\_\_\_

3. The most recent Fair Market Value for this Trust Corpus is: \$ \_\_\_\_\_  
as of \_\_\_\_\_.  
*Date*

4. This Charitable Trust is being terminated under (*use additional sheets if necessary*):

a. The Will of \_\_\_\_\_ of \_\_\_\_\_  
*Name Last Known Residence*

b. The Indenture of \_\_\_\_\_ of \_\_\_\_\_  
*Name City or Town, State*

and/or

c. Other Trust Instrument (*e.g. articles of incorporation, by-laws, etc.*):

\_\_\_\_\_  
*Name of Instrument*

5. Trustee(s) (*use additional sheets if necessary*):

1. \_\_\_\_\_  
*Name of Trustee*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Telephone Number E-mail Address*

2. \_\_\_\_\_  
*Name of Trustee*

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City* *State* *Zip*

\_\_\_\_\_

*Telephone Number* *E-mail Address*

6. Present Beneficiary(ies) *(use additional sheets if necessary)*:

\_\_\_\_\_

*Name of Beneficiary*

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City* *State* *Zip*

\_\_\_\_\_

*Telephone Number* *E-mail Address*

7. R.I.G.L. § 18-9-16 authorizes \_\_\_\_\_ as trustee(s) to terminate the trust, with the consent of the Attorney General, and to distribute the assets thereof to \_\_\_\_\_ as beneficiary(ies) as its value is less than Two Hundred Thousand Dollars (\$200,000.00).

8. Beneficiary Purpose:

a. State the Purpose(s) that the Trust Estate will be used *(use additional sheets if necessary)*:

\_\_\_\_\_

b. Is this Purpose(s) consistent with the Purpose of Governing Trust/Terminating Instrument: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\* If No, Please explain *(use additional sheets if necessary)*:

\_\_\_\_\_

\_\_\_\_\_

**\*\* A single copy of the Will, Indenture, and/or other Trust Instrument establishing this trust and a copy of the Terminating Instrument must be accompanied with this statement. \*\***

CONSENT

I, Peter F. Kilmartin, as Attorney General of the State of Rhode Island, pursuant to R.I.G.L. § 18-9-16, does hereby consent to the termination of said Charitable Trust Name and the delivery of all assets there under to Beneficiary.

PETER F. KILMARTIN  
ATTORNEY GENERAL

By his Attorney,

\_\_\_\_\_  
David Marzilli (#8798)  
Special Assistant Attorney General  
Rhode Island Department of Attorney General  
150 South Main Street  
Providence, RI 02903-2907  
Tel: (401) 274-4400 ext. 2030  
Fax: (401) 222-2995

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