

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 Trustee

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,

Jessica A. Doyle (#8801)
Special Assistant Attorney General
Rhode Island Department of Attorney General
150 South Main Street
Providence, RI 02903-2907
Tel: (401) 274-4400 ext. 2314
Fax: (401) 222-2995

Date: _____