

01/31/2023

Address Pin	exander James Henderso e Street, Suite 12A attle, WA 98101	on, Sr.	
Re:			
1. The Trust	is currently in existence a	nd was created under a trust agreement dated:	
	r of the Trust was: Sara A		
who was a	djudicated incapacitated	December 05, 2023	
3. The name	(s), address(es) and telep	hone number(s) of the Trustees are:	
NAME		ADDRESS	TELEPHONE
Sophia Grad	e Turner	Congress Ave, Austin, AR 72007	(512) 555-6789
Liam Daniel	Reed	Lincoln Street, Denver, CO 80203	(303) 555-6781
Ava Marie N	guyen	1st Avenue, Seattle, WA 98101	(206) 555-8765
preferences. report.	ii i do not near from you,	I will assume you wish to receive neither the trust instr	ument nor the annual
		Signature of Counsel	
		Ethan Benjamin Walker, Jr.	
		Name of Counsel Riverside Drive	
		Suite 101	
		Address	
		Kansas City, MO 64101	
		City, State, Zip	
		(816) 555-4321 Telephone	
		<u> </u>	
1. I would lik	e to receive a copy of the	instrument creating the Trust:	
2. Please se		rould like to receive the annual report of the Trust.	
	OF		
		valve my right to receive the annual report of the Trust.	
	Ιu	nderstand that I can rescind my waiver at any time.	
Date:			
	Alexand	der James Henderson, Sr.	

Matthew Joseph White, Sr. Name Main Street, Office 45B Address Seattle, WA 98101 Re: 1. The Trust is currently in existence and was created under a trust agreement dated:_ 2. The Settlor of the Trust was: Sara Arik Watt Jr. who was adjudicated incapacitated on **December 05, 2023** 3. The name(s), address(es) and telephone number(s) of the Trustees are: NAME **ADDRESS TELEPHONE Sophia Grace Turner** Congress Ave, Austin, AR 72007 (512) 555-6789 **Liam Daniel Reed** (303) 555-6781 Lincoln Street, Denver, CO 80203 1st Avenue, Seattle, WA 98101 Ava Marie Nguyen (206) 555-8765 4. You have the right to receive a copy of the instrument that created the Trust. 5. If you are a current beneficiary, you have the right to receive, at least annually, upon request, periodic written financial reports concerning the Trust. Please complete the enclosed duplicate of this letter and return it to me at the address below to let me know your preferences. If I do not hear from you, I will assume you wish to receive neither the trust instrument nor the annual Signature of Counsel Ethan Benjamin Walker, Jr. Name of Counsel **Riverside Drive** Suite 101 Address Kansas City, MO 64101 City, State, Zip (816) 555-4321 Telephone 1. I would like to receive a copy of the instrument creating the Trust: ☐ YES Пио 2. Please select one: ☐ I would like to receive the annual report of the Trust. OR I waive my right to receive the annual report of the Trust. I understand that I can rescind my waiver at any time. Date:

Matthew Joseph White, Sr.

Isabella Natalie Rodriguez, Jr. Name Hilltop Drive, Unit 7F Address **Denver, CO 80202** Re: 1. The Trust is currently in existence and was created under a trust agreement dated:_ 2. The Settlor of the Trust was: Sara Arik Watt Jr. who was adjudicated incapacitated on **December 05, 2023** 3. The name(s), address(es) and telephone number(s) of the Trustees are: NAME **ADDRESS TELEPHONE Sophia Grace Turner** Congress Ave, Austin, AR 72007 (512) 555-6789 **Liam Daniel Reed** (303) 555-6781 Lincoln Street, Denver, CO 80203 1st Avenue, Seattle, WA 98101 Ava Marie Nguyen (206) 555-8765 4. You have the right to receive a copy of the instrument that created the Trust. 5. If you are a current beneficiary, you have the right to receive, at least annually, upon request, periodic written financial reports concerning the Trust. Please complete the enclosed duplicate of this letter and return it to me at the address below to let me know your preferences. If I do not hear from you, I will assume you wish to receive neither the trust instrument nor the annual Signature of Counsel Ethan Benjamin Walker, Jr. Name of Counsel **Riverside Drive** Suite 101 Address Kansas City, MO 64101 City, State, Zip (816) 555-4321 Telephone 1. I would like to receive a copy of the instrument creating the Trust: ☐ YES Пио 2. Please select one: ☐ I would like to receive the annual report of the Trust. OR I waive my right to receive the annual report of the Trust. I understand that I can rescind my waiver at any time. Date:

Isabella Natalie Rodriguez, Jr.

Name Sophia Grace N Address	artinez, Jr.	
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2. The Settlor of the Trust		
who was adjudicated in	December 05, 2023	
3. The name(s), address(e	es) and telephone number(s) of the Trustees are:	
NAME	ADDRESS	TELEPHONE
Sophia Grace Turner	Congress Ave, Austin, AR 72007	
Liam Daniel Reed	Lincoln Street, Denver, CO 8020	
Ava Marie Nguyen	1st Avenue, Seattle, WA 98101	(206) 555-8765
Please complete the enclopreferences. If I do not hear report.	osed duplicate of this letter and return it to me at the addre ar from you, I will assume you wish to receive neither the t	ss below to let me know your rust instrument nor the annual
	Signature of Counsel	
	Ethan Benjamin Walker, Jr.	
	Name of Counsel Riverside Drive	
	Suite 101	
	Address	
	Kansas City, MO 64101	
	City, State, Zip	
	(816) 555-4321	
	Telephone	
1. I would like to receive a	a copy of the instrument creating the Trust:	□ NO
2. Please select one:	☐ I would like to receive the annual report of the Trus	st.
	OR	
	☐ I waive my right to receive the annual report of the I understand that I can rescind my waiver at any	
Date:	. aa. aa. a can recoiled my warron at any	
Date	Sophia Grace Martinez. Jr.	

Sophia Marie Thompson, Jr. Name Address Lake Shore Drive, Apt 21B Chicago, IL 60611 Re: 1. The Trust is currently in existence and was created under a trust agreement dated: 2. The Settlor of the Trust was: Sara Arik Watt Jr. who was adjudicated incapacitated on **December 05, 2023** 3. The name(s), address(es) and telephone number(s) of the Trustees are: NAME **ADDRESS TELEPHONE Sophia Grace Turner** Congress Ave, Austin, AR 72007 (512) 555-6789 **Liam Daniel Reed** Lincoln Street, Denver, CO 80203 (303) 555-6781 1st Avenue, Seattle, WA 98101 (206) 555-8765 Ava Marie Nguyen 4. You have the right to receive a copy of the instrument that created the Trust. 5. If you are a current beneficiary, you have the right to receive, at least annually, upon request, periodic written financial reports concerning the Trust. Please complete the enclosed duplicate of this letter and return it to me at the address below to let me know your preferences. If I do not hear from you, I will assume you wish to receive neither the trust instrument nor the annual Signature of Counsel Ethan Benjamin Walker, Jr. Name of Counsel **Riverside Drive** Suite 101 Address Kansas City, MO 64101 City, State, Zip (816) 555-4321 Telephone 1. I would like to receive a copy of the instrument creating the Trust: ☐ YES Пио 2. Please select one: ☐ I would like to receive the annual report of the Trust. OR I waive my right to receive the annual report of the Trust. I understand that I can rescind my waiver at any time. Date:

Sophia Marie Thompson, Jr.

3. The name(s), address(es) and telephone number(s) of the Trustees are:

Name Address Telephone

Isabella Rose Martinez Brickell Ave, Miami, FL 33131 (305) 555-4321