

Confirmation of Names and Fiduciaries for the S1 Test and S2 Test Living Trust

Client Information

Grantor Name: S1 Test

Grantor Name: S2 Test

Address: _____

Client state] _____, [UNANSWERED: MC

Trust Information

Name of Trust: S1 Test and S2 Test Living Trust, dated
_____ , 20____

Initial Trustee:

Successor Trustees:

Upon Incapacity or Death:

The non-incapacitated or surviving spouse will serve as sole Trustee. If he or she is unable to serve or to continue to serve for any reason, then the following will serve as successor Trustee, in the order named:

[RunMacro:SmartQuotes]