

S1 TEST AND S2 TEST LIVING TRUST INFORMATION PAGE

NAME OF THE TRUST: The S1 Test and S2 Test Living Trust

DATE ESTABLISHED: _____, 20__

NAME OF TRUSTEE:

FOR TRUST BUSINESS, ALWAYS SIGN NAME:

_____, Trustee of the S1 Test and S2 Test Living Trust

TITLE TO ALL ASSETS IN THIS TRUST IS VESTED IN THE NAME OF:

_____, Trustee of the S1 Test and S2 Test Living Trust
dated _____, 20__, and any
amendments thereto

**ASSETS MAY BE TRANSFERRED TO OR REMOVED FROM THIS
TRUST AT ANY TIME**

**ALL INCOME OR LOSS FROM TRUST ASSETS SHOULD BE
REPORTED ON GRANTORS' INDIVIDUAL FEDERAL AND STATE
INCOME TAX RETURNS**

**DO NOT WRITE ON YOUR TRUST INSTRUMENT,
CHANGE IT, OR REVOKE IT WITHOUT
ADVICE FROM YOUR ATTORNEY**

LAW OFFICES
THE LAW OFFICES OF RICHARD WINGERDEN
777 N 1ST ST. SUITE 333
SAN JOSE, CALIFORNIA 95112

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