

**STATEMENT OF SATISFACTION**

RE: \_\_\_\_\_  
(Trust Name)

Fiduciary No. FI-\_\_\_\_\_-\_\_\_\_\_  
(Year) (File Number)

I, \_\_\_\_\_, a beneficiary of the above trust, hereby declare that I have reviewed all accounts filed with the Commissioner of Accounts for the above trust; that I have received my due and proper distribution from the above trust; and that I consent and agree to any and all disbursements, fiduciary fees and distributions contained in such accounts. I hereby request that the Commissioner approve any outstanding accounts and that the trust be closed.

GIVEN under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Beneficiary)

SUBSCRIBED, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_