

2.

E. THE TRUST SHALL TERMINATE UPON THE FIRST TO OCCUR OF (CHECK THOSE APPLICABLE):

- 1. \_\_\_\_\_ THE DEATH OF THE BENEFICIARY
- 2. \_\_\_\_\_ THE FOLLOWING DATE: \_\_\_\_\_
- 3. \_\_\_\_\_ THE FOLLOWING EVENT: \_\_\_\_\_

F. UPON TERMINATION, THE REMAINING TRUST PROPERTY SHALL BE DISTRIBUTED TO \_\_\_\_\_ (NAME PERSON OR PERSONS)

G. REVOCABILITY (CHECK ONE):

- 1. \_\_\_\_\_ THE TRANSFEROR MAY REVOKE THIS TRUST.
- 2. \_\_\_\_\_ THE TRANSFEROR MAY NOT REVOKE THIS

TRUST.

SIGNATURE OF TRANSFEROR \_\_\_\_\_

DATE OF EXECUTION \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF ATTORNEY PREPARING THIS STATEMENT OF

TRANSFER: \_\_\_\_\_

STATE OF MARYLAND, \_\_\_\_\_:SS

I HEREBY CERTIFY THAT ON \_\_\_\_\_ (FILL IN DATE) BEFORE ME, A NOTARY PUBLIC OF THE STATE OF MARYLAND, PERSONALLY APPEARED \_\_\_\_\_ (NAME OF TRANSFEROR) KNOWN TO ME, OR SATISFACTORILY PROVEN, TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND WHO ACKNOWLEDGES THAT HE/SHE (STRIKE ONE) EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.

WITNESS MY HAND AND NOTARIAL SEAL.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_."

(B) THE FOLLOWING FORM MAY BE USED TO CREATE A TRUST BY DECLARATION: