| STATE OF NORTH CAROLINA   |               | File No. |            |  |
|---|---------------|----------|------------|--|
| County  |               |          |            | ne General Court Of Justice<br>Superior Court Division<br>Before the Clerk |
| IN THE MATTER OF THE ESTATE OF:   |               |          |            |  |
| Name Of Decedent/Trust  |               |          | RECE       |  |
| Name Of Personal Representative/Trustee   |               |          | ARTIAL     |  |
|   |               |          |            |  |
| ACKNOWL   | EDGMENT       |          |            |  |
| I, the undersigned beneficiary, agree that I did receive from t distribution consisting of the following: | he Personal R | epresen  | tative/Tru | ustee of the estate/trust a  |
| DESCRIPTION   |               |          |            | VALUE  |
|   |               |          | \$         |  |
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|   |               |          |            |  |
|   |               |          |            |  |
| Date Name Of Beneficiary (Type Or Print)  | Signa         | ature    | <u> </u>   |  |
| Name Of Witness (Type Or Print)   | Signa         | ature    |            |  |
|   |               |          |            |  |
|   |               |          |            |  |