

PLANNED GIVING CONCEPTS, INC.

Real Estate Data
(Provide Additional Pages as Necessary)

Name of Trust: _____

Date Created: _____

Date of Contribution to CRT: _____

Property Address: _____

Purchase Date: _____

Purchase Price: \$ _____

Adjustments to Cost Basis: \$ _____

Basis on Gift Date: \$ _____

Appraised Value of the Property: \$ _____

Date of Appraisal _____

Name of Appraiser _____

Is there a mortgage on the property? Yes: _____ No: _____

If Yes, is the mortgage Arecourse debt@? Yes: _____ No: _____

The Internal Revenue Service has privately determined that it will disqualify a charitable remainder trust funded with mortgaged property in which the trustmaker remains personally liable. PLR 9015049.

If ANon-recourse debt@, please attach a copy of the mortgage documents.

Is the property current leased? Yes: _____ No: _____

If leased, please send a copy of the lease, or a description of the terms of the lease, if oral.

Is the property currently listed with a broker? Yes: _____ No: _____

If Yes, Name of Broker: _____

Telephone Number: _____

Has an offer for the property been accepted? Yes: _____ No: _____

If yes, please attach a copy of the sales contract

Miscellaneous:

1. Present Use (Farming, Residential, Commercial, etc.) --
Please describe: _____

2. Adaptable to Other Use? Yes: _____ No: _____
3. Zoning Class: _____
4. Are there any potential liabilities such as ponds, open wells, cellars, sewers, ditches, etc. on the property? Yes: _____ No: _____ If Yes, please attach a full description.
5. Real Estate Taxes: _____ When Due? _____

I (we) certify that this information is true and correct to the best of my (our) knowledge and belief.

Signature of Trustmaker Date

Signature of Trustmaker Date