

BENEFICIARY RECEIPT

I, _____ by _____, attorney-in-fact under a Specific Power of Attorney dated _____, and recorded in the Circuit Court of Henrico County, Virginia, in Deed Book _____, Page _____, acknowledge receipt of the following distributions from _____, Executor/Administrator of the Estate of _____, Deceased:

Beneficiary's Name : _____, by _____, his attorney In fact under a special power of attorney

Commonwealth of Virginia

City/County of _____, to-wit;

I, the undersigned notary public in and for the aforesaid jurisdiction, do hereby certify that _____, as attorney-in-fact for _____, whose name is signed to the foregoing Beneficiary Receipt, acknowledged the same before me this ____ day of _____, 20__.

Notary Public

My commission expires: _____
Registration No.: _____

Affix seal