

| <b>Schedule B/R</b> Beneficiary/l           | Remainderman                             | 201   |
|---|--|---|
| NAME OF ESTATE OR TRUST                     |  | ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER  |
|   |  |   |
| NAME OF BENEFICIARY/REMAINDERMAN            |  | BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO. |
|   |  | , ,   |
| MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN | CITY/TOWN/POST OFFICE                    | STATE ZIP + 4                                   |
|   |  |   |
| LEGAL DOMICILE (STATE)                      | Select applicable oval: — Beneficiary —  | Remainderman                                    |
| Total income                                | Percentage of income                     | Percentage of taxable income                    |
| Total moonic                                | 1 dischage of mounts                     | Totaliage of taxable medilic                    |
|   |  |   |
| NAME OF BENEFICIARY/REMAINDERMAN            |  | BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO. |
| MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN | CITY/TOWN/POST OFFICE                    | STATE ZIP + 4                                   |
|   |  |   |
|   | Colort applicable avail. — Deposition. — | Paraciadaman                                    |
| LEGAL DOMICILE (STATE)                      | Select applicable oval: Beneficiary      | Remainderman                                    |
| Total income                                | Percentage of income                     | Percentage of taxable income                    |
|   |  |   |
| NAME OF BENEFICIARY/REMAINDERMAN            |  | BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO. |
|   |  |   |
| MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN | CITY/TOWN/POST OFFICE                    | STATE ZIP + 4                                   |
|   |  |   |
| LEGAL DOMICILE (STATE)                      | Select applicable oval: — Beneficiary —  | Remainderman                                    |
| Total income                                | Percentage of income                     | Percentage of taxable income                    |
| Total income                                | referriage of income                     | reicentage of taxable income                    |
|   |  |   |
| NAME OF BENEFICIARY/REMAINDERMAN            |  | BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO. |
| MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN | CITY/TOWN/POST OFFICE                    | STATE ZIP + 4                                   |
|   |  |   |
| LECAL DOMICH F (CTATE)                      | Select applicable oval: Beneficiary      | ⊃ Remainderman                                  |
| LEGAL DOMICILE (STATE)                      | Select applicable oval.                  | - nemanuerman                                   |
| Total income                                | Percentage of income                     | Percentage of taxable income                    |
|   |  |   |
| INCOME SUMMARY                              |  |   |
|   |  | 1   |
| <b>2</b> Total of beneficiaries' income     |  | , 0 (   |
|   |  | 0.0   |
| 3 Accumulated capital gain                  |  | 3   |
| 4 Total remaindermen's income               |  | 4   |