



# NOTARIZED DESIGNATION OF CLIENT MONEY AND PROPERTY

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
RE: \_\_\_\_\_  
DATE: \_\_\_\_\_

This is a designation pursuant to that Master Trust Declaration promulgated pursuant to the order of the Circuit Court of the Second Judicial Circuit in and for Leon County, Florida, dated July 8, 1997, that the following described money and property of \_\_\_\_\_ will be subject to the provisions of:

*[Check "A" and check "B", or "C", or "D", or "E" as applicable.]*

*[If the client receives Supplemental Security Income or Social Security Act Title II benefits, check the "revocable" boxes; otherwise check the "irrevocable" boxes.]*

- A. Part I of the Declaration of Trust respecting the current needs, and where applicable, the reasonably foreseeable future needs of the Individual Client and that such subaccount  
 is revocable or  is irrevocable;
- B. Part II of the Declaration of Trust respecting the long term needs of Individual Clients Under Age 18 Who are in Substitute Care (Title IV-E and Non-Title IV-E) and that such subaccount  
 is revocable or  is irrevocable;
- C. Part III of the Declaration of Trust respecting a Qualified Medicaid Disabled Special Needs Trust for Individuals Under Age 65;
- D. Part IV of the Declaration of Trust respecting a Qualified Medicaid Income Trust;
- E. Part V of the Declaration of Trust respecting Individual Client Plans to Achieve Self-Support or Independent Living, and that such subaccount  is revocable or  is irrevocable;

in addition to the General Provisions of such Master Trust Declaration.

Further, it has been determined that, in connection with a subaccount designated under Parts III or IV of such Declaration of Trust *[check off either "1." or "2."]*:

- 1. The Client or his or her representative, either by will or other legal instrument, has previously designated the following persons as remainder beneficiaries, if any, of the Client: *[Name of previously designated residual beneficiaries]*  
\_\_\_\_\_
- 2. There are no records of a testamentary designation of remainder beneficiaries.

Further, the money and property to which this designation initially applies are specifically described as follows *[describe]*:

State of \_\_\_\_\_, County of \_\_\_\_\_

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete.

Signature for Affiant \_\_\_\_\_ Date \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ this \_\_\_\_\_  
(Date)

by \_\_\_\_\_.  
(Affiant)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Name of Notary – Printed or Stamped

\_\_\_\_\_  
Date of Commission Expiry

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_