

Please list the names and addresses of additional trustees or executors/representatives, or additional recipients of duplicate statements.

A. Additional Trustees or Executors

Trustee       Executor/Representative

Name: Darren K. Indyke      Relationship: Trustee

Address: [Redacted]

City: [Redacted]

State: [Redacted]      Zip: [Redacted]

Country: [Redacted]      Phone: [Redacted]

Fax: [Redacted]

E-mail: dklesq@aol.com

Trustee       Executor/Representative

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_      Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

SSN#: [Redacted]

Trustee       Executor/Representative

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_      Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

SSN#: [Redacted]

SSN#: [Redacted]

Trustee       Executor/Representative

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_      Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

SSN#: [Redacted]

B. Additional Recipients of Duplicate Statements

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Country: \_\_\_\_\_