

GEORGE T. WELCH TESTAMENTARY TRUST

Medical Grant Application

Baker Boyer National Bank, Trustee, PO Box 1796, Walla Walla, WA 99362

Name of Applicant _____ Date of Birth _____

Address _____ Telephone _____

Resident of Walla Walla County for _____ years Ages of Dependent Children _____

If married, name and age of spouse _____

Employer _____ Date Retired _____

Social Security Number _____

Monthly Income:

Social Security _____

Pension _____

Other (specify) _____

*Total Monthly Income _____

Assets:

Home (value) _____

Car (make & value) _____

Savings (where) _____

Checking (where) _____

Other (specify) _____

*Total Assets _____

Amount of Grant Requested _____

Purpose of Grant (please list the names of doctors & general nature of illness)

Monthly Expenses/Total Liabilities:

List payment: _____ List Amount Owed _____

Home _____

Food _____

Auto _____

Insurance _____

Medical _____

Personal Loan(s) _____

Charge Card(s) _____

Other (specify) _____

*Total Monthly Expenses _____

*Total Liabilities _____

Fill out all blanks. Must have amounts in all spaces marked with *. Applicants must include his/her spouse's monthly income too. Incomplete applications will not be considered.

Attach first two pages of most recent IRS 1040 Tax Return. If not required to file an income tax return, please state the reason why (i.e.: have not filed income tax return due to low income). Also attach most recent copy of all outstanding bills. Please limit your request to this page only.

Name, Address and Phone of contact person regarding this application.

I hereby certify that the above information is true and correct. and further authorize the release of any information that may be requested by the trustee of the George T. Welch Testamentary Trust.

Signature of Applicant

Date