

Sutter Valley Medical Foundation, doing business as Sutter Medical Foundation of Yuba City, California

Suggested Bequest Language

Overview

Your Will or Revocable Trust should be drafted or amended by an attorney knowledgeable in estate planning and the laws of the state in which you reside. Please think about these options before meeting with your attorney and ask the attorney to use this language.

Choose one or more of the following options:

___% of my estate

___ the residue of my estate

___% residue of my estate

\$_____ (fixed dollar gift)

_____ (description; for example, real estate, securities, etc.)

Unrestricted Gift

I give and devise to Sutter Valley Medical Foundation, doing business as Sutter Medical Foundation of Yuba City, California, Tax ID # 68-0273974, _____ (insert percent or dollar amount) to be used where the need is greatest as determined by Sutter Valley Medical Foundation's Board of Directors.

Designated Gift

I give and devise to Sutter Valley Medical Foundation, doing business as Sutter Medical Foundation of Yuba City, California, Tax ID # 68-0273974, _____ (insert percent or dollar amount) to be used to support _____ (insert description of specific purpose, for example a department, service or program) at Sutter Medical Foundation, Yuba City, California.

However, if at some future time the Board of Directors of Sutter Valley Medical Foundation determines it has become impossible or impractical to effectively administer the gift for the purpose specified (e.g. because a specified department, service or program no longer exists or its operation has been substantially reduced or changed) then the gift shall be used where the need is greatest at Sutter Medical Foundation, Yuba City, California, as determined by Sutter Valley Medical Foundation's Board of Directors.

Endowment Gift

I give and devise to Sutter Valley Medical Foundation, doing business as Sutter Medical Foundation of Yuba City, California, Tax ID # 68-0273974, _____ (insert percent or dollar amount) to be used in the establishment of an endowed fund, _____(insert name of fund)("Fund") to support _____ (insert designated department, service or program). The earnings from the Fund are to be distributed by Sutter Valley Medical Foundation per the policies of Sutter Valley Medical Foundation.

We're here to help

If you have any questions or need help with specific language, please contact us. Your inquiry will be held in confidence and implies no obligation. Thank you.

Becky Thompson

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