

UNIVERSITY OF MICHIGAN  
**DECLARATION OF FUTURE INTENT**

Thank you for your intention to include the University of Michigan in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

**My/Our Information:**

Name (print): \_\_\_\_\_ Spouse name (if joint gift): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Gift Information:**

I/We intend to make a gift to the University upon my death/the death of the survivor of us of the following:

***See Collection Description attached (the "Collection")***

I/we assert that to the best of my/our knowledge, the Collection was obtained in accordance with all applicable laws and are free of all liens, security agreements, encumbrances, and restrictions of any nature. I/we am/are currently the true and legal owner(s) of the Collection Object(s) and have the right to convey the Collection to the University.

**Gift Purpose:**

Upon my/our death(s), it is our intent to transfer ownership and all rights, title, and interest of the Collection to the University for the benefit of its Museum of Paleontology without restrictions or limiting conditions. My/our intention is that the Museum use this gift for research and educational purposes in accordance with the Museum's collection policy.

**Recognition:**

Donor(s) who provide a bequest to the University of Michigan will be enrolled in the John Monteith Society.

I/we prefer no public recognition  Please list my/our name(s) as: \_\_\_\_\_

**Estate Contact Information:** Although optional, the following information is very helpful

**Executor/Trustee:**

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

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

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

Email: \_\_\_\_\_

**Additional Contact you may want us to know about (family, attorney, etc.):**

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

Relation: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The University of Michigan understands that the size of my/our future gift may change.

Signature: \_\_\_\_\_ Spouse Signature (if joint): \_\_\_\_\_

Date: \_\_\_\_\_

