BENEFICIARY STATEMENT

TO: OCEAN SHORES OUTDOOR RECREATION CLUB
PO BOX 1741
OCEAN SHORES, WA 98569

FROM: _____
MEMBER OF RECORD (please print)

IN THE EVENT OF MY DEATH, I/WE _____
HEREBY REQUEST THAT MY/OUR MEMBERSHIP AT OCEAN SHORES OUTDOOR RECREATION CLUB BE TRANSFERRED TO:

_____ _____
FIRST CHOICE NAME (one person only) RELATIONSHIP

_____ _____ _____ _____ _____
ADDRESS CITY STATE ZIP CODE PHONE

IN THE EVENT THE FIRST CHOICE PERSON PRECEDES ME IN DEATH, I/WE THEN REQUEST THAT MY/OUR MEMBERSHIP BE TRANSFERRED TO:

_____ _____
SECOND CHOICE NAME (one person only) RELATIONSHIP

_____ _____ _____ _____ _____
ADDRESS CITY STATE ZIP CODE PHONE

IN THE EVENT THAT THE FIRST AND SECOND CHOICE PERSONS PRECEDE ME IN DEATH, I/WE THEN REQUEST THAT MY/OUR MEMBERSHIP BE TRANSFERRED TO:

_____ _____
THIRD CHOICE NAME (one person only) RELATIONSHIP

_____ _____ _____ _____ _____
ADDRESS CITY STATE ZIP CODE PHONE

_____ _____ _____ _____
DATED MEMBER OF RECORD SIGNATURE Block Site

_____ _____ _____ _____
DATED MEMBER OF RECORD SIGNATURE Block Site

THIS DOCUMENT MUST BE NOTARIZED. ORIGINAL MUST REMAIN ON FILE AT OSORC.

STATE OF_____ COUNTY OF_____

I certify that I know of or have satisfactory evidence that_____is/are the person(s) who appeared before me, and said person(s) acknowledged that_____ signed this instrument and acknowledged it to be_____ free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this_____day of_____

Signed_____

Print name_____

Notary Public in and for the State of_____

My appointment expires_____