TESTAMENTARY DISPOSITION

I,		SSN	[type or print your full name as it appears
on you of my	r stock certificate and enter yo shares in Kootznoowoo	ur Social Security Number], in accordance wi Incorporated. Upon my death, I leave my sha ach to receive the number of shares set forth f	res of stock in Kootznoowoo Incorporated
Part A			N
Name,	/Relationship	<u>Address</u>	No. of Shares
Part B		o help you make your Testamentary Dispositi	TOTAL
1. If, a	t the time of my death, I have valid testamentary disposition to the box you check]. To the people listed in Part A Equal numbers to those peop All to the following: In equal numbers to all child In equal numbers to all child Disposition. To my heirs at law. Otherwise, as follows: ther children are born to or adopt as nearly equal shares as possitions. Kootznoowoo will presume by of the people named in Part only one box, and initial nex To that person's heirs at law. To the surviving people liste Equal numbers to those peop To the following:	A, above, in the same proportion as the shares ole listed in Part A, above. [name] Iren born to or adopted by me before or after the dren born to or adopted by my children before or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before on the dren born to or adopted by my children before or after the date of this Testamentary Distribution of the dren born to or adopted by my children before or after the date of this Testamentary Distribution of the date of this Testame	Part A, above, and have not yet completed a hares as follows: [check only, and initial next willed therein. [address] he date of this Testamentary Disposition. or after the date of this Testamentary sposition, I wish for them to be included in Yes No [lf neither box is checked, at are willed to that person as follows: [check es willed therein. [address]
	Otherwise, as follows:		
D . 1.			
Dated 1	this, day of		
		Signature of Owner	
Notary		•	e as it appears on the stock certificate.]
to be c	ompleted by a Notary Public] E OF		
) ss.	
	15:	_)	
I certify	al District or County) y that on the day of	, before me, the ur	dersigned authority, personally appeared
nerson	whose name appears above	, [name o	f owner of shares] to me known to be the the foregoing Testamentary Disposition and
acknov		ly and voluntarily signed for the uses and pu	rposes therein described. WITNESS my hand
		Notary Public in and for the State of	KOOTZNOOWOO
		the State of	INCORPORATED
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