

Five Cities Orchid Society Bequest

The following are my instructions for the bequeath of my orchids, supplies, books, equipment and items related to my orchid growing hobby. This is a Residual Bequest - all or a portion of what remains of the estate related to my orchid growing hobby after specific and general bequests are distributed.

In that my plant collection must receive constant and immediate care, my instructions are for the immediate notification of FCOS by my executor to insure prompt care and transfer of my plant collection. Time is of the essence in this regard. FCOS contacts are listed on their website www.fcos.org or FCOS, PO Box 1066, Grover Beach, CA 93483.

I give, devise and bequeath the following items marked below with an 'X' to the Five Cities Orchid Society (www.FCOS.org), a 501(C)(3) charitable institution located in Arroyo Grande, CA.

1. ____ Orchid plants in my orchid collection.
2. ____ Non-orchid plants growing in association with my orchid collection.
3. ____ Orchid books and printed materials.
4. ____ Orchid growing supplies, including containers, media, fertilizers and related materials.
5. ____ Equipment not permanently installed such as portable misters and heaters, humidity and temperature sensors, portable fans, etc.

In the event FCOS no longer exists as a 501 (C)(3) organization at the time this bequest is activated, this bequest shall be transferred to the American Orchid Society, located at 10901 Old Cutler Road, Coral Gables, FL 33156 or (list alternative institution) _____.

The following items are excluded from this bequest:

1. Plants and related materials identified as specific bequests in my estate documents.
2. Any permanent buildings and equipment such as greenhouses, heaters and water storage systems considered to be part of the real estate.

The net proceeds from this bequest shall be used by FCOS as follows:

____ % to the FCOS General Fund

____ % to the FCOS Orchid Conservation Fund

____ % to the FCOS Scholarship Program

____ % other (please specify) _____

100 % TOTAL

Name: _____

Signature: _____

Date: _____

Witness: _____

Witness: (2 - if required) _____

This form to be retained by the donor in their estate documents. Providing a copy to the beneficiary is optional.