

Sutter Valley Hospitals, doing business as Sutter Amador Hospital Foundation of Jackson, 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 Hospitals, doing business as Sutter Amador Hospital Foundation of Jackson, California, Tax ID # 94-1156621 ("Foundation"), _____ (insert percent or dollar amount) to be used where the need is greatest as determined by the Foundation's Board of Trustees.

Designated Gift

I give and devise to Sutter Valley Hospitals, doing business as Sutter Amador Hospital Foundation of Jackson, California, Tax ID # 94-1156621 ("Foundation"), _____ (insert percent or dollar amount) to be used to support _____ (insert description of specific purpose, for example a department, service or program) at Sutter Amador Hospital of Jackson, California.

However, if at some future time the Board of Trustees of Sutter Amador Hospital 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 Amador Hospital of Jackson, California, as determined by the Foundation's Board of Trustees.

Endowment Gift

I give and devise Sutter Valley Hospitals, doing business as Sutter Amador Hospital Foundation of Jackson, California, Tax ID # 94-1156621 ("Foundation"), _____ (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 Hospitals per the policies of Sutter Valley Hospitals.

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

Director of Planned Giving, Valley Area

(916) 887-7067

ThompsRM@sutterhealth.org