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AFFIDAVIT OF SOLVENCY

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COMES NOW the undersigned _____ (and) _____, resident(s)
of _____, who first being duly sworn upon oath, depose(s) and
state(s) as follows :

1. I/We are the Settlers of an International Trust under the Nevis International Exempt Trust Ordinance 1994 (as amended) and I/we contemplate making transfers of property to it in addition to my/our initial contribution thereto. Following any transfer(s) to the Asset Protection Planning structure(s) which I/we propose to make I/we will remain able to pay our reasonably anticipated debts as they become due from the balance of my/our property and current income and therefore I am/we are financially Solvent.
2. To the best of my/our knowledge and belief the information contained in the annexed Schedule >A= (attached hereto) is true and correct and provides a complete picture of my/our financial position including all claims and lawsuits.
3. Other than as stated herein no particular event or transaction has occurred which I/we expect will develop into a future legal controversy or problem with any creditor in the future. I/we do not contemplate filing for relief under the U.S. Bankruptcy Code nor am I/are we involved in any situation that I can reasonably anticipate would cause me/us to file for relief under any Chapter of the U.S. Bankruptcy Code.
4. Except as disclosed and set forth in the attached Client Assessment Data form there are no pending or threatened claims or lawsuits against me/us and I am/we are not named defendant(s) in any administrative proceedings as of this date.
5. I/we do not intend to incur or reasonably believe that I/we will incur debts beyond my/our ability to pay as they become due, and I/we do not have the actual intent to hinder, delay or defraud any legitimate creditor in any way.
6. I/we have read and understood the description of the Money Laundering Control Act attached and I/we confirm and represent that none of the assets which I/we may transfer was derived from any of the activities specified in such Act and that none of the items of >financial misconduct= are applicable to me/us.
7. I/we understand that I/we must be Solvent at the date of establishing an Asset

Protection Plan and immediately thereafter and have no legal notice of any threatened or existing litigation that would be substantial enough to render me/us Insolvent. I/we further understand that if I/we are not Solvent by the foregoing standard neither (lawyers= name) >the Firm=, the proposed U.S. Trustee nor the proposed Trustee will provide services. I/we further declare that the foregoing persons or entities may rely in full upon this Affidavit of Solvency and hereby agree to indemnify and hold them harmless should the information contained herein be inaccurate to the extent that assets held in my/our Asset Protection structure(s) become available to future creditors by reason of such inaccuracy.

Date

(name) (Settlor)

Date

(name) (Settlor)

CERTIFICATE OF NOTARY PUBLIC

State of
County of

On January 1, 2001 before me, the undersigned, a Notary Public in and for said State, personally appeared _____ and _____ personally known (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within Instrument, and acknowledged to me that they had executed the Instrument in their authorized capacities and that by his/her/their signature(s) on the Instrument the person(s) or entity/ies upon whose behalf the person(s) acted Executed the Instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL

Seal

Signature

(Name)

