***BENEFICIARY PACKAGE
COVER LETTER (FINAL DISTRIBUTION)***

**INSERT FIRM LETTERHEAD HERE**

November 21, 2024

BENEFICIARY NAME

BENEFICIARY ADDRESS

CITY, STATE ZIP

**RE: TRUST NAME dated DATE OF TRUST**

Dear BENEFICIARY NAME:

TRUSTEE/CLIENT NAME, the Trustee of the above-entitled trust, is pleased to inform you that the trust estate is now in a position to distribute the “reserve” funds to the residuary beneficiaries.

Enclosed please find your final distribution check, along with the Acknowledgement of Receipt of Trust Estate Share and Waiver of Accounting of Trustee. Please sign the Receipt and return it to our office in the enclosed envelope.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

FIRM NAME

ATTORNEY NAME

Attorney at Law

ATTY INITIALS/admin initials

Enclosure