

TRUST INFORMATION SHEET

To be completed by the trustee of only those trusts that hold

40 acres or less westwide under the prior law provisions or 240 acres or less westwide under the discretionary provisions.

[Use of this Sheet is to be initiated by Reclamation only.]

Paperwork Reduction Act

This information is being collected to establish landholder compliance with Federal reclamation law. Response to this request is required to obtain or retain a benefit in accordance with Public Law 97-293 and 43 CFR 426.18. Public reporting burden for this form is estimated to average 5 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Direct comments regarding the burden estimated or any other aspect of these forms to Manager, Reclamation Law Administration Division, Code 84-55000, Bureau of Reclamation, PO Box 25007, Denver CO 80225.

For Reclamation Use Only

District name(s): _____	Date Requested: _____
Trust name: _____	

1. Trust name: _____

Note: This form is to be completed by trusts. If you are completing this form for some other type of entity, STOP and contact the appropriate Reclamation office for additional instructions.

2. Date trust was established: _____

3. Trust's Employer Identification Number (EIN): _____
(An EIN must be provided if your trust is required by the Internal Revenue Service to have an EIN. Do not list a social security number in this blank.)

4. Name of state or country where trust is established or registered: _____

5. Number of acres held (directly or indirectly owned or leased) by the trust in this district: _____

6. Does this trust hold land in any other district(s)? YES NO

If "YES," list the district(s) and the number of acres held by the trust in the district(s).

District Name	Acres Held
_____	_____
_____	_____

7. Legal description or assessor's parcel number of the land(s) held in trust: _____

8. Names of CURRENT beneficiaries (those that are currently entitled to receive benefits from the trust) and interest held by each (attach additional sheet if necessary):

Name	Percentage of Interest
_____	_____
_____	_____

See other side for instructions.

9. Name(s) of current trustee(s): _____

10. Name(s) of grantor(s)/creator(s): _____

11. Please answer the following questions:

	YES	NO	NOT SURE
Is the trust in writing?			
Are the current beneficiaries identified within the trust document?			
Are the interests of the current beneficiaries identified within the trust document?			
Is the trust revocable?			
If revocable, does the trust specify to whom title to the land will be held upon revocation?			
Are any of the beneficiaries 18 years of age or younger <u>and</u> subject to the discretionary provisions?			
Does the land held in trust, when combined with other holdings, exceed the ownership or nonfull-cost entitlements of the (1) beneficiaries, (2) grantor, or (3) parents or guardians of any beneficiary who is 18 years of age or younger and subject to the discretionary provisions?			
Do the trust landholdings include acquisition or disposition of land subject to Secretarial price approval (i.e., excess land)?			
Is the land held in trust for the benefit of entities that are limited recipients or prior law entities benefitting more than 25 natural persons?			

Please attest to the following:

I (we) attest that the information provided herein is true, accurate, and complete to the best of my (our) knowledge. Based on the information provided on this sheet, Reclamation may request additional information including the entire trust document for review.

Signature(s) of trustee(s): _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____

Entity name (if the trustee is an entity): _____

Address of trustee(s): _____

Telephone number of trustee(s): _____

E-mail address of trustee(s) [optional]: _____

RETURN THIS INFORMATION SHEET TO THE ISSUING RECLAMATION OFFICE.

This report is required by Public Law 97-293. Information obtained in this form is protected by the Privacy Act of 1974, system of records notice INTERIOR/WBR-31, and will be used to administer the acreage limitation provisions of Federal reclamation law. The Secretary of the Interior or the district may require additional information in order to administer these laws.

INSTRUCTIONS FOR COMPLETION

GENERAL Instructions

- Reclamation will determine if the trustee should complete this “Trust Information Sheet” (Sheet). Reclamation will send this Sheet directly to the trustee when Reclamation has identified a trust that:
 - Holds 40 acres or less westwide in a district that is subject to the prior law provisions of the Reclamation Reform Act of 1982 (RRA)
 - OR**
 - Holds 240 acres or less westwide in a district that is subject to the discretionary provisions of the RRA.
- If the land held in trust is in a prior law district and your trust holds more than 40 acres westwide, contact the Reclamation office that provided this Sheet for further instructions. If the land held in trust is in a discretionary provisions district and your trust holds more than 240 acres westwide, contact the Reclamation office that provided this Sheet.
- Press firmly when writing to ensure that all copies are legible.
- Visit www.usbr.gov/rra for more information.

RECLAMATION Instructions

- “For Reclamation Use Only” block: Complete all information.
- For recordkeeping purposes, retain the top half-sheet copy (“Originator Copy”) of page 1 of the Sheet at the time of issuance.
- When the trustee has completed and returned the Sheet to Reclamation:
 - Ensure the Sheet is complete.
 - Retain the “Reclamation Copy.”
 - Provide the “District Copy” to the appropriate district office (if applicable).

TRUSTEE Instructions

- Numbers 1 through 6: Enter the requested information.
- Number 7: Provide an accurate legal description or an assessor’s parcel number for the land(s) held in trust. Be sure to break down land parcels as far as necessary to ensure accurate identification.
- Numbers 8 through 10: Enter the requested information. Note: “Current beneficiaries” refers to those that are currently entitled to receive benefits from the trust.
- Number 11: Answer the questions. Please refer questions regarding completion of this item to the appropriate Reclamation office.
- Complete the attestation section.
- Retain the “Trustee Copy.”
- Return the “Reclamation Copy” and the “District Copy” to the Reclamation office that issued this Sheet.

Refer questions to the Reclamation office that provided this Sheet.