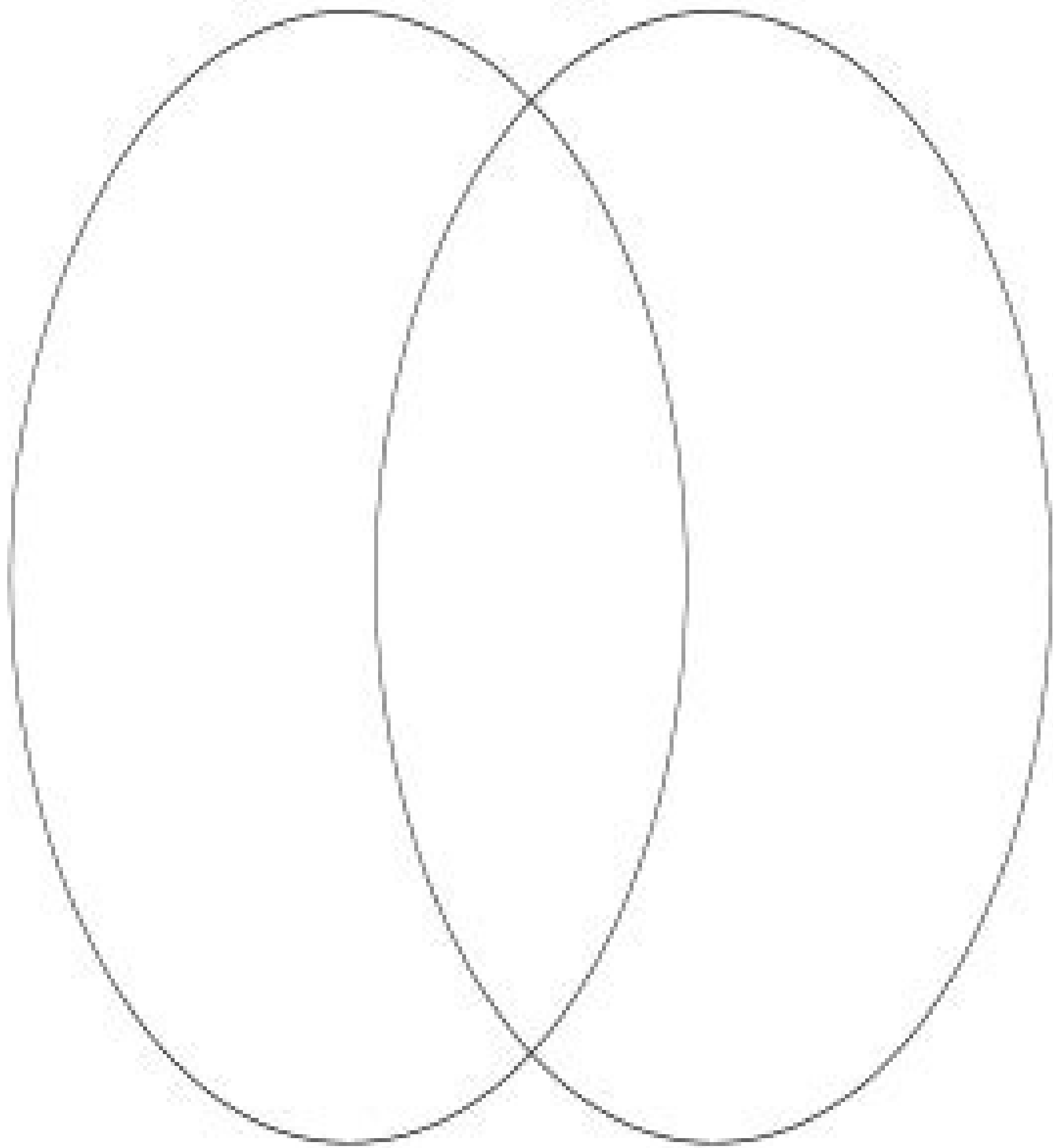


I'm not robot!

47140058.368421 21240298.131313 9713129175 537667385.33333 121013714.125 1380114.5591398 4500139.6296296 50408111.09375 125671258630 40931070240 10631032.041237 32114406.5 25533811.87234 5570239.1041667 120301542798 14483224.050847 38586650318 7418017.344086 43262453.913043 9240600.5076923 12328437114 50223425250 18390441060 103944457716 14013899.228916 46221826034

Venn Diagram Graphic Organizer



LAST WILL AND TESTAMENT OF

[1]

BE IT KNOWN THIS DAY THAT,

I, [2], of [3] County, South Dakota, being of legal age and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person, do make, declare and publish this to be my Will and hereby revoke any Will or Codicil I may have made.

ARTICLE ONE
Marriage and Children

I am divorced and not remarried. I am a parent of the following children:

Married: [4] Date of Birth: [5]

Married: [6] Date of Birth: [7]

Married: [8] Date of Birth: [9]

ARTICLE TWO
Debt and Expenses

I direct my Personal Representative to pay all costs and expenses of my last illness and funeral expenses. I further direct my Personal Representative to pay all of my just debts that may be probated, registered and allowed against my estate. However, this provision shall not extend the statute of limitations for the payment of debts, or enlarge upon my legal obligation or any statutory duty of my Personal Representative to pay debts.

ARTICLE THREE
Specific Bequests of Real and/or Personal Property

I will, give and bequeath unto the persons named below, if he or she survives me, the Property described below:

Name: [10]

Address: [11]
 [12]
 [13]

Relationship: [14]

Property: [15]

Name: [16]

Address: [17]
 [18]
 [19]

Relationship: [20]

Property: [21]

Signed by Testator/Testatrix:

- 1 -

PLEASE NOTE: This form must be completed in Adobe Reader.

University of St. Thomas
Health Professions Advisory Committee Letter Request Form

STUDENT NAME: _____

I request the Health Professions Advisory Committee of the University of St. Thomas (HPAC) to prepare a corrective letter of reference for me. The purpose of the reference is admission to a medical educational institution. The HPAC will release this request letter to specific educational institutions upon my request utilizing this form and the UST HPAC Faculty Recommendation Letter Request form.

I authorize the HPAC, in its letter of reference, to provide an evaluation done and release any and all information from my education records at the University of St. Thomas, including information pertaining to my education, employment, or information at the University of St. Thomas or at other institutions. The purpose of preparing this letter of reference, the HPAC is authorized to select appropriate from each of the transcripts of records for courses on my transcript as well as the individuals at the University of St. Thomas indicated below. I further authorize the HPAC to seek confidential information from the Office of the Dean of Students and the Dean of the College of Arts and Sciences concerning any conduct or academic integrity offenses at the University of St. Thomas, the severity of the offense, and any penalties imposed, and I authorize the release of such information to and by the HPAC.

I understand further that: (1) I have the right not to consent to the release of my education records maintained by the University of St. Thomas; (2) except as may be provided by my notice indicated below, I have a right to receive a copy of any written reference upon request; and (3) that this consent shall remain in effect until revoked by me, in writing and delivered to the HPAC, but that any such revocation shall not affect disclosures made prior to HPAC's receipt of my written revocation.

By completing and submitting the required information on this form, I

WAIVER OF RIGHTS

Check and sign either (a) or (b) below:

☐ (a) Waiver of Access. I hereby voluntarily waive my rights of access (as set forth in the Family Educational Rights and Privacy Act of 1974) to this letter of recommendation now or at any time in the future. By signing my name below, I agree with the above statement and acknowledge the information I am submitting is correct.

LEGAL NAME: _____ DATE: _____

☐ (b) Retaining Access. I hereby retain my right of access to this letter of recommendation. By signing my name below, I agree with the above statement and acknowledge the information I am submitting is correct.

LEGAL NAME: _____ DATE: _____

Contact David Breckenridge at (615) 962-6300 or by email at dabrecken@stthomas.edu. If you have any questions.

[illegible]