

***Addiction & Trusts -
It Looks Great On Paper But Does it Work?***

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ADDICTION & TRUSTS - IT LOOKS GREAT ON PAPER, BUT

DOES IT WORK?

Introduction

The clients, Husband and Wife, (Mom & Dad), are sitting in front of you. The three of you are discussing how they want their assets distributed upon the death of the survivor of them. They have three children. When you ask about the children, Dad's facial expression changes and Mom's eyes begin to well up with tears. It seems that two of the three (all adult) children are "fine" but their daughter, Susie, has a "drug problem." Probing a bit further you learn that Susie started smoking marijuana in Junior High School and over the years (she's now in her thirties), has been know to use heroin, meth and LSD. She's been arrested, put in diversion programs, rehab programs *etc.* but has not, in her Father's words (spoken somewhat angrily) been able to "get it together for any period of time." She stands to inherit a significant amount of money (possibly 7 figures) and they don't want her to "shoot it up her arm or snort it up her nose" (Dad, again angrily and loudly states). "What can we do?" they ask.

Unfortunately, this conversation could have just as easily occurred in the author's office 45 years ago or last week. The items being abused or the activities being perceived as "addictive" and in need of attention have changed and expanded in scope over the years, but the pain, anguish, frustration and helplessness expressed by the clients does not change.

Determining What the “Real” Issues Are

In the hypothetical above it seems there are really two concerns (at least) being expressed by the clients: (a) concern for their daughter’s well-being and (b) concern for preserving their estate for her benefit. In a sense, this case is “easy” because the nature of the substance abuse is clearly identified and possible responses are also clearly identifiable. This scenario will be discussed in more detail below.

The attorney should, at the outset, clarify what the client hopes to achieve in including language that conditions distributions to a beneficiary on compliance with restrictions set forth in the trust. Is it behavior modification, *i.e.* assisting and encouraging the beneficiary to achieve or maintain certain goals, or a life style? Or is it more punitive in nature, *i.e.* “punishing” the beneficiary for not conforming to the client’s expectations and desires? In many cases the clients may not have a clear understanding themselves of what they are trying to accomplish. In addition, where the attorney is representing a couple, they may have different perceptions of what the issues really are and what they hope to accomplish. While we as attorneys are not psychologists, if we are going to draft documents that conceivably could be operative for decades and have a serious impact on the lives of the Trustees and beneficiaries, the more insight we can get regarding our client’s motivations, the better we will be able to do our jobs. Therefore, asking open-ended questions - “It sounds like you want to punish Susie. Am I hearing that correctly? Why?” and to the spouse - “How do you feel about that? (the classic therapist’s question!). If we are drafting for a couple, resolving these conflicts is necessary before fingers ever touch a keyboard.

As noted above, some behaviors are easily identified as “addictive” or abusive,” drugs and alcohol being the most common. But even here, all is not black or white.

Smoking tobacco is clearly addictive but is not considered “substance abuse” by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). A client who is a teetotaler may consider a glass of wine to be inappropriate because “it could lead to alcoholism.”

The DSM-IV defined “substance abuse” as:

“A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home..
- (2) recurrent substance use in situations in which it is physically hazardous.
- (3) recurrent substance-related legal problems..
- (4) continued substance use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of the substance.”

The Drafting Dilemma

In the context of identifying behaviors that concern clients, it is easy to substitute gambling, hoarding and other compulsive behaviors that have the same negative impacts used to define “substance abuse” in the above definition. The concern here is that while it may be relatively easy for the attorney to draft language defining or identifying the behavior to be addressed, clearly setting out the criteria that enable the Trustee to carry out the mandated course of action is not so simple. The drafting attorney needs to devote

as much attention to the guidance and direction given to the Trustee as she does to identifying the behavior being addressed. A beautifully drafted document that is virtually impossible to implement because of its complexity, inherent ambiguity because of the absence of “bright line” non-subjective benchmarks, cost of implementation, or the time commitment placed on a non-professional, family-member Trustee to carry out the directives helps no one.

The first step is to identify the behavior in question. Is it “abuse” in the clinical sense or “use” in a manner of which the clients do not approve? Does any use of a controlled substance for other than its prescribed use constitute abuse? Does finding relaxation in spending hours (and dollars) on Amazon Prime or the Home Shopping Network really constitute “abuse” requiring the types of draconian measures discussed in this article just because the client believes such spending is a waste of money? If the shopping sprees are consuming an inordinate amount of the Beneficiary’s income, the answer may well be “yes.” If it is just irritating to the client/parent but causes no harm to the Beneficiary, should the attorney be counseling the client to “let it be?” While the attorney may have her own opinion on the subject, the proper response is that we are all here to do what our clients ask of us, whether we agree or not.

The language used in our office as a starting point in defining “abuse” and establishing what the Trustee’s immediate response should be reads:

“If the Trustee has probable cause to believe that any beneficiary of any trust established under this Agreement uses or consumes any illegal drug or other illegal substance, or is clinically dependent (as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)), upon the use or consumption of alcohol or any other legal drug or chemical substance that is not prescribed by a board certified medical

doctor or psychiatrist, in a current program of treatment supervised by such doctor or psychiatrist and if the Trustee reasonably believes that as a result of such use or consumption the beneficiary is incapable of caring for himself or herself or is likely to dissipate his or her financial resources, the Trustee shall request the beneficiary to submit to one or more examinations (including laboratory tests of bodily fluids and/or hair analysis) determined to be appropriate by a board certified medical doctor or psychiatrist specializing in substance use disorders selected by the Trustee. The Trustee shall request the beneficiary to consent to full disclosure by the examining doctor or facility to the Trustee of the results of all such examinations. The Trustee shall maintain strict confidentiality of those results and shall not disclose those results to any person other than the beneficiary without the prior written permission of the beneficiary.”

Note that the concern here is not necessarily the well-being of the Beneficiary but rather the dissipation of the Trust corpus by the Beneficiary. From this perspective a beneficiary who is a compulsive gambler, online shopper or hoarder might also be subjected to similar treatment by a concerned Settlor/Trustor.

Having defined the behavior about which the client is concerned, the next question is what does the client want to do about it? What is the client’s goal here? Is it to create an opportunity for rehabilitation and treatment or is it punitive? In cases where there is a past history of substance abuse there may well be valid concerns about what the beneficiary is going to do with his or her inheritance. In other cases, the client, looking over the current cultural landscape, may be fearful of what a young beneficiary might do in the future and wants to give the Trustee guidance and tools with which to address a potential, future issue. Finally, in some cases the history of abuse may be so frustrating and painful to the client that the client feels “if it happens one more time, that’s it -she get nothing!” and cut off the beneficiary entirely.

Our response as Elder Law and Special Needs Trust attorneys needs to be a combination of compassion and pragmatism. Using our holistic approach, we need to listen not just to what the client is saying but the emotions behind the words. Sometimes we need to counsel the client who, having lived through any number of episodes of abusive behavior/rehabilitation/abusive behavior/rehabilitation/etc. is frustrated to the point of saying “enough! No more chances.!” The client may well be right. On the other hand, if there is no history, but a fear of potential future conduct, it may be appropriate to ask the client what kind of message the client is sending to the beneficiary in terms of the client’s confidence in the beneficiary’s ability to make good choices.

Obviously, the language quoted above is only one approach. In preparing this article the author asked a number of colleagues to share the language they use. Five variations are attached as Appendices A-E. Further, Appendix F is a partial list of counseling and support resources.

Finally, and possibly more important than anything else in terms of creating a workable document, it is incumbent on the attorney to ask the client whether the client is being fair to the Trustee in giving the Trustee this authority/burden/responsibility? Further, it is incumbent on the attorney to insist that the client discuss the trust terms with the Trustee (or authorize the attorney to do it for the client). Is the Trustee willing to spend the time and energy required by the clause quoted above? If the Trust then mandates rehabilitation and treatment, is the Trustee willing/able to undertake obtaining that and monitoring it? If not, the client needs to know this up front or else the trust language, for all its good intentions, is useless. With that thought in mind, should one consider a

“simpler” approach and “simply” advise the client to be very mindful in choosing the Trustee, give the Trustee broad discretionary powers to, in effect, “do the right thing” and leave it at that? In the author’s opinion, where there is a known history of abuse, it is perfectly appropriate for the client to respond to the issue head on and forcefully if that is the client’s goal. In other situations, where there is only a concern about future possibilities or vague suspicions, giving the

Trustee broader discretion may be more appropriate. In either case, following the guidance of the NAELA Aspirational Standard A.1 that:

“In applying a holistic approach to legal problems, the elder law and special needs planning attorney works to consider the larger context, both other legal consequences, as well as the extra-legal context in which the problems exist and most be solved.” the attorney should take the broad view and recognize an obligation to all the players: the client, the beneficiary and the Trustee in creating a document that will effectively carry out the client’s wishes, which is why the client came to you in the first place.

Appendix A

The author thanks Joseph Block, Alan Grass and Gary Edelstone for permitting the use of their language regarding substance abuse.

A. If the Trustee has probable cause to believe that any beneficiary of any trust established under this Agreement:

1. Uses or consumes any illegal drug or other illegal substance, or
2. Is clinically dependent (as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)), upon the use or consumption of alcohol or any other legal drug or chemical substance that is not prescribed by a board certified medical doctor or psychiatrist, in a current program of treatment supervised by such doctor or psychiatrist and if the Trustee reasonably believes that as a result of such use or consumption the beneficiary is incapable of caring for himself or herself or is likely to dissipate his or her financial resources, the Trustee shall request the beneficiary to submit to one or more examinations (including laboratory tests of bodily fluids and/or hair analysis) determined to be appropriate by a board certified medical doctor or psychiatrist specializing in substance use disorders selected by the Trustee. The Trustee shall request the beneficiary to consent to full disclosure by the examining doctor or facility to the Trustee of the results of all such examinations. The

Trustee shall maintain strict confidentiality of those results and shall not disclose those results to any person other than the beneficiary without the prior written permission of the beneficiary.

B. The Trustee may totally or partially suspend all distributions otherwise required or permitted to be made to that beneficiary until the beneficiary consents to the examination and disclosure to the Trustee. Nevertheless, the Trustee cannot suspend any mandatory distributions to or for the benefit of the beneficiary that are required in order for that trust to qualify for any federal transfer tax exemption, deduction or exclusion allowable with respect to that trust, or that are required to qualify the trust as a qualified Subchapter S trust.

C. If in the opinion of the examining doctor or psychiatrist the examination indicates current or recent use of a drug or substance as described above, the beneficiary shall consult with the examining doctor or psychiatrist to determine an appropriate method of treatment for the beneficiary (for example, counseling or treatment on an in-patient basis in a rehabilitation facility). If the beneficiary consents to the treatment, the Trustee shall pay the costs of treatment directly to the provider of those services from the income or principal otherwise authorized or required to be distributed to that beneficiary.

D. Except as provided above for mandatory distributions that must be made for federal tax purposes, all mandatory distributions to the beneficiary during his or her lifetime of income or principal (including distributions upon termination of the trust) will be suspended until, in the case of use or consumption of an illegal drug or illegal substance,

examinations indicate no such use, and in all cases until the Trustee in the Trustee*s sole judgment determines that the beneficiary is fully capable of caring for himself or herself and is no longer likely to dissipate his or her financial resources. While mandatory distributions are suspended, the trust will be administered as a discretionary trust to provide for the beneficiary*s health, support and maintenance.

E. When mandatory distributions to the beneficiary are resumed, the remaining balance, if any, of the mandatory distributions that were suspended shall be distributed to the beneficiary at that time. If the beneficiary dies before the mandatory distributions are resumed, the remaining balance of the mandatory distributions that were suspended shall be distributed to the persons who would be the alternate beneficiaries of that beneficiary*s share as provided in other provisions of this Agreement.

F. It is not Settlor*s intention to make the Trustee (or any doctor or psychiatrist retained by the Trustee) responsible or liable to anyone for a beneficiary*s actions or welfare. Trustee shall have no duty to inquire whether a beneficiary uses drugs or other substances as described in this Paragraph _____. The Trustee (and any doctor or psychiatrist retained by Trustee) shall be indemnified from the Trust Estate and held harmless from any liability of any nature in exercising its judgment and authority under this Paragraph _____, including any failure to request a beneficiary to submit to medical examination, and including a decision to distribute suspended amounts to a beneficiary.

Appendix B

Notwithstanding anything to the contrary, any statement in Paragraphs 8.5 or 8.6 to the effect that the Trustees “shall” distribute all or a portion of the trust estate (principal and/or income) of any such Separate Trust which is not based upon an ascertainable standard (the health, education, support and/or maintenance needs of the beneficiary of such Separate Trust) shall be applicable only in the event that there has been no determination by the Trustees, in the Trustees’ discretion, that such beneficiary does not meet the Conditions of Eligibility. If the Trustees determine that such beneficiary does not meet one or more of the Conditions of Eligibility, the Trustees may, in the

Trustees’ discretion, withhold all or any part of the trust estate that would otherwise be distributable to or for the benefit of such beneficiary hereunder not based upon an ascertainable standard. If all or a portion of the principal of any trust is withheld from distribution hereunder because of the provisions of this Paragraph 8.8, the Trustees may, but need not, pay to such beneficiary all of the income on the withheld principal thereof.

If the Trustees at any time after having withheld any trust estate distribution pursuant to this

Paragraph 8.8 determine that the Conditions of Eligibility have subsequently been met, the Trustees shall thereupon distribute to or for the benefit of such beneficiary that portion of the trust estate theretofore withheld pursuant to this Paragraph 8.8.

12.14 Provisions Pertaining to Conditions of Eligibility. The following provisions shall be applicable to the determinations to be made by the Trustees with regard to whether or not the Conditions of Eligibility have been met with respect to any individual:

12.14.1 The Trustees may, in the Trustees' discretion, take into account any information which the Trustees consider relevant to the question of whether or not such individual is suffering from drug and/or alcohol abuse, from gambling addiction or from any mental or emotional deficiency, defect, illness or impairment.

12.14.2 The Trustees may, in the Trustees' discretion, require such individual to take random, regular and/or periodic drug and/or alcohol tests as a prerequisite to the Trustees' determination that such individual does not fail to meet the Conditions of Eligibility; provided, however, that no such individual shall be required to undergo any such examination more frequently than two (2) times within a period of six (6) months, or three (3) times within a period of twelve (12) months. If such individual either:

(a) refuses to undergo such a physician's examination within thirty (30) days after a proper demand has been made of him or her, or

(b) fails to disclose all results and information from such examination that relevantly pertain to whether or not such individual is suffering from drug abuse, alcohol abuse or other substance abuse Trustee's within twenty (20) days after such examination results and information have been made available to such individual, such individual shall be conclusively regarded as having failed to meet the Conditions of Eligibility. Nothing herein shall require the disclosure of any Protected Health Information ("PHI"), as that term is used in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), by such individual or any other party; however, such individual's failure or refusal to disclose any PHI to the Trustees as required by this

Subparagraph 12.14.2 shall constitute his or her acknowledgment that he or she has failed to meet the Conditions of Eligibility.

12.14.3 Such individual may voluntarily take such drug and/or alcohol tests on his or her own initiative. In the event that drug and/or alcohol tests, whether initiated by the Trustees or by such individual, indicate that such individual is free from illegal drug and alcohol abuse or addiction for a consecutive period of at least eighteen (18) months, such individual shall be conclusively regarded as not suffering from such abuse or addiction.

12.14.4 For purposes of this Trust Agreement, moderate and non-addictive use of drugs or alcohol shall not constitute abuse (regardless of whether or not such use is legal). The cost of any tests required pursuant to this Paragraph 12.14 with respect to any beneficiary shall be borne by the Separate Trust of which such individual is the primary beneficiary.

17.1.5 The term "Conditions of Eligibility", as used in this Trust Agreement with respect to any individual, shall be the requirement that such individual is not suffering from drug abuse, from alcohol abuse, from gambling addiction, from any substantial mental or emotional deficiency, defect, illness or impairment, or from any similar mental or emotional condition, addiction or dependency that significantly impairs his or her ability to function fully and properly.

Appendix C

Except as otherwise provided in this Section, the Trustee, in the Trustee's sole discretion, shall distribute to John Doe ("John"), or pay for his benefit, such amounts of the income and/or principal of John's separate trust estate, up to the whole thereof, as the Trustee deems to be necessary or advisable for John's health, maintenance, support and

education. The Trustee may pay from John's separate trust estate the costs and expenses in connection with the condominium commonly described as

_____ (hereinafter referred to as the "Condominium"), for so long as John may reside there. If John elects to move to a different residence, the Trustee shall have the right, power and authority, but not the obligation, to sell or rent the Condominium, and to purchase or pay rent on a different residence for John. The Trustee shall have sole and absolute discretion in making any decisions about supporting a new residence for John and the Trustee shall have no liability whatsoever to any Beneficiary or other party with respect to any decision made or action taken in exercising the Trustee's discretion with respect to any matter pertaining to John's separate Trust. By way of guidelines, and not restrictions, income and/or principal can be used for rehab or any other drug or alcohol related program. However, no "posh" or "country club" rehab or other program should be paid for by the Trustee. The Trustee should consider hiring the services of an individual or program to administer or compel drug tests and meet periodically with John in an effort to determine his sobriety and state of mind. Income and/or principal of the separate trust estate for John shall not be used to post bail or pay for tickets or other violations of the law.

The Trustee may make any distribution to John if the Trustee determines, in his, her or its absolute discretion, that John has the maturity, judgment and ability to wisely handle such distribution and such distribution is in John's best interests. The Trustee shall incur no liability to any person, whether a Beneficiary or otherwise, by reason of the determination to accelerate, postpone or otherwise distribute principal under this Paragraph, nor shall the Trustee be obligated to provide any Beneficiary with notice or

accountings of the Trustee's exercise of his, her or its discretion to distribute income or principal hereunder.

In the event the Trustee has reason to believe that John is using drugs or alcohol, the Trustee shall make no distributions of income or principal to John (but the Trustee may pay for his health, maintenance and support) until John has provided to the Trustee a "clean" drug and alcohol test which the Trustee believes to be legitimate. In the event the Trustee ever feels threatened by John in any way, or if John ever challenges any of the terms or provisions of this Trust, the Trustee shall cease and refrain from making any further income or principal distributions to John or for John's benefit (other than paying the costs of the Condominium or John's other residence) until such time as the Trustee feels comfortable that such threat no longer exists.

Appendix D

The Trustees may postpone any or all of the principal distributions to any beneficiary if, at the time distribution would otherwise be required, the Trustees determine, in their absolute discretion, that the beneficiary to whom the distribution would otherwise be made does not have the legal competence or the maturity, judgment and ability to wisely handle such distribution, or such distribution would not otherwise be in the best interests of such beneficiary. The Trustees may accelerate any such principal distribution, if, at such earlier date, the Trustees determine, in their absolute discretion, that the beneficiary has the maturity, judgment and ability to wisely handle such distribution and such earlier distribution is in the best interests of the beneficiary. The

Trustees shall take into account the income, estate, gift, generation-skipping transfer, excise and other tax consequences from postponing, accelerating or otherwise distributing principal to a beneficiary. The Trustees shall incur no liability to any person, whether a beneficiary or otherwise, by reason of the determination to accelerate, postpone or otherwise distribute principal under this paragraph unless made in bad faith, nor shall the Trustees be obligated to provide any beneficiary with notice or accountings of the Trustees' exercise of their discretion to accelerate, postpone or otherwise distribute principal hereunder.

Appendix E

1.1 Powers of Trustee In the Event of Current Beneficiary Misconduct.

(a) Suspension of Discretionary Distributions, Withdrawal Rights and Mandatory Distributions. Notwithstanding anything to the contrary contained in this Trust Agreement, no Current Beneficiary shall have a right to withdraw or receive an otherwise discretionary or mandatory distribution of all or any portion of the principal of a Trust, and/or the net income of the Trust, if on the date a withdrawal is requested or a distribution is provided under the terms of any Trust (collectively, the "Distribution Date"), an event of Beneficiary

Misconduct (as hereafter defined) exists. For purposes of this Trust, "Beneficiary Misconduct" means any one or more of the following:

- (1) The Current Beneficiary is incarcerated.
- (2) The Current Beneficiary has been convicted of any crime, other than misdemeanors or minor traffic violations, within five (5) years of the Distribution Date.

(3) The Current Beneficiary is on probation in connection with any criminal conviction, other than for misdemeanors or minor traffic violations.

(4) The Current Beneficiary previously has been on probation and any such period of probation has expired less than two (2) years prior to the Distribution Date, other than for misdemeanors or minor traffic violations.

(5) The Trustee determines in its sole discretion that within three (3) years of the Distribution Date, the Current Beneficiary has used or engaged in the purchase and/or sale of any illegal drugs or other illegal substances or has abused the use of alcohol, marijuana (whether legal or illegal) or prescription drugs.

(6) The Trustee determines in its sole discretion that within five (5) years of the Distribution Date, the Current Beneficiary has displayed a habitual and continual pattern of financial irresponsibility, which may include, but shall not be limited to, declaring bankruptcy, incurring significant debts in excess of assets and/or incurring significant monthly expenses in excess of monthly income.

Any right to withdraw principal exercisable by a Current Beneficiary and any right to receive a distribution of net income and/or principal otherwise provided under the terms of the Trust shall be delayed until the Beneficiary Misconduct no longer applies and any period of time defining such Beneficiary Misconduct (as described above) has expired. Whether an event or condition of Beneficiary Misconduct exists shall be determined in the sole and absolute discretion of the Trustee, and shall be final and binding upon all parties interested in such Trust. During such time that any distribution of net income and/or principal is delayed pursuant to the terms of this Paragraph, the Trustee shall hold in trust for the benefit of the Current Beneficiary the amounts otherwise distributable to the

Current Beneficiary but for the Beneficiary Misconduct. The Trustee shall, in its sole and absolute discretion, until the Beneficiary Misconduct no longer applies, make distributions of income and, if necessary, principal, to the Current Beneficiary for the Current Beneficiary's, support, maintenance, health and education. Any income not distributed shall be accumulated and added to principal. For the avoidance of doubt, during such time that amounts are held in trust for a Current Beneficiary pursuant to this Paragraph (i.e., during such time that the Beneficiary Misconduct applies), the provisions of this Trust Agreement shall apply to the administration of that Current Beneficiary's Trust.

(b) Optional Reduction or Suspension of Discretionary Distributions. Any discretionary distributions for a Current Beneficiary's support, maintenance, health and education shall be made by the Trustee after considering the Grantors' desire that a Current Beneficiary lead a life free of crime and substance abuse and the Grantors' intent that the assets of the Trust may not be used to encourage or support a Current Beneficiary in a lifestyle including criminal activities, illegal drugs or abuse of alcohol, marijuana (whether legal or illegal) or prescription drugs. Notwithstanding any other provision in this Trust Agreement, the Trustee shall withhold any and all distributions for support and maintenance which in the Trustee's sole and absolute discretion may (1) encourage a lifestyle involving criminal activities or (2) contribute to a chemical dependence or substance abuse, or otherwise free funds for such use by the Current Beneficiary; provided, however, that such distributions for support may be provided for a hospital or other program of recovery or a stay in a recovery house, plus all costs incident thereto. Nothing in this Trust Agreement shall prevent the Trustee from making discretionary

distributions for the support, maintenance, health and education of a Current Beneficiary and/or a Current Beneficiary's issue as otherwise provided in this Trust Agreement to the extent that the Trustee, in its sole and absolute discretion, determines that the Current Beneficiary will use such funds for the purposes for which they are distributed.

(c) Trustee's Right, But Not the Duty, To Investigate Beneficiary Misconduct.

The Trustee shall not have any duty to investigate any Beneficiary Misconduct and shall not be liable to anyone for any Beneficiary Misconduct. If the Trustee suspects or becomes aware that the Current Beneficiary is involved with drug and/or alcohol abuse, the Trustee is authorized, but not required, to employ private investigators and to take such other actions as the Trustee determines appropriate, at the expense of the Trust, to determine whether any Beneficiary Misconduct exists or whether any distribution would be contrary to the Grantors' desires described herein. The Trustee shall not incur any liability to persons whose interest may have been affected by disbursements made or not made in good faith by the Trustee without knowledge of any event affecting distribution to a Current Beneficiary described in this Paragraph 12.5(c).

(d) Death of a Current Beneficiary During Period of Beneficiary Misconduct.

If termination of the Trust is postponed pursuant to this Paragraph and the Current Beneficiary dies during such postponement, the deceased Current Beneficiary's Trust shall be held, administered and distributed in accordance with this Trust Agreement.

(e) "Interested Trustee." In the event that one of two or more individual Co-Trustees then serving is an Interested Trustee (as that term is defined in this Paragraph 12.5(e)), then the remaining Co-Trustees who are not Interested Trustees shall exercise

the discretionary authorities under this Paragraph. In the event that the sole Trustee, or all of the Co-Trustees then serving, are Interested Trustees, then the next Trustee who is not an Interested Trustee and who is not related or subordinate to such individual serving as Trustee.

Appendix F

This list of Resources was compiled by Joseph Block and used with permission.

AA.org - Not just for Alcoholics - any addiction

NA.org (Narcotics Anonymous)

CA.org (Cocaine Anonymous)

GamblersAnonymous.org

OA.org - (Over-Eaters Anonymous)

SAA - Recovery.org - Sex Addicts Anonymous

DrugAbuse.gov (NIDA - National Institute on drug Abuse Under National Institute on Health)

SAMHSA.gov (Substance Abuse and Mental Health Services Administration - within US Dept. Of Health and Human Services)

NCBI.NLM.NIH.GOV (article on Evidence Based Practices)

Health and Safety Code §11831.6 (Law prohibiting rehabs, etc., to pay referral fees)

HazeldenBettyFord.org

AddictionRecoverybulletin.com

Cadenceonline.com (Parent CRAFT)

Choopersguide.com