

Safe Deposit Box Inventory

Name and Title

Employee's Signature

Name and Title

Receipt and Release

By signing below, I confirm that I have received the property described above from you. I relieve you of any responsibility for any losses I might have incurred because you removed property from the box as allowed by law.

Date

150609

Signature of Customer Who Rented The Box

Signature of Additional Renter (if required)

Date

12/15/09

DARRELL DAIN 8157
LARRY MATIX 8346

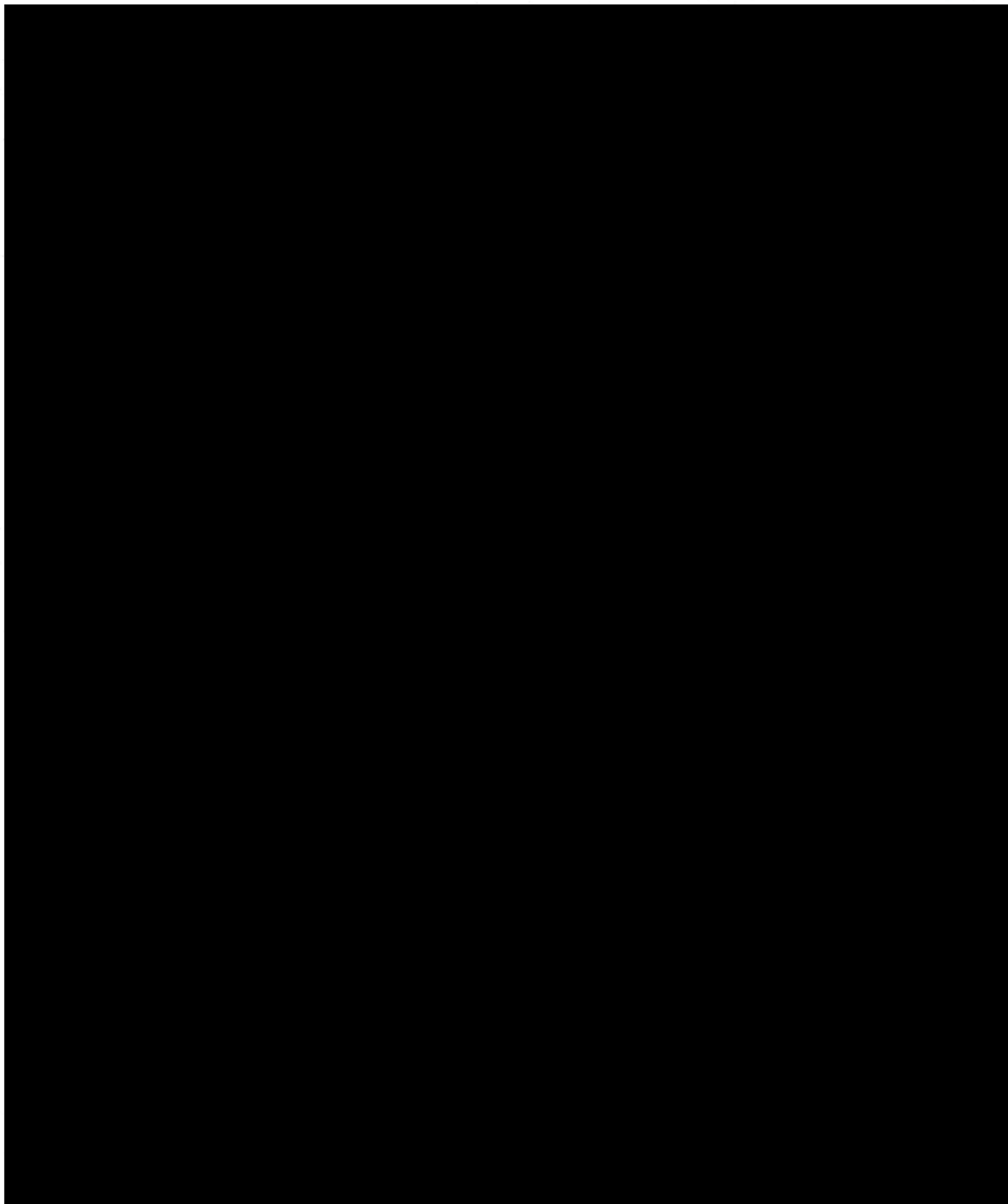
White - Branch File

Pink - State

Yellow - With Contents

Safe Deposit Box Lease Agreement

WELLS
FARGO



28 +

**WELLS
FARGO**

Safe Deposit Box Entrance Record

Open Date 8.07.08

If the Box is subject to a Safe Deposit Multiple Signature Requirement card, indicate the number of lessee signatures required to access the box

(Customer Name 1 (Printed)) SUSAN POWELL (Signature) Susan M Powell

Customer Name 2 (Printed) _____ (Signature) _____

Customer Name 3 (Printed) _____ (Signature) _____

Customer Name 4 (Printed) _____ (Signature) _____

Record of Entries

[illegible]

Lessee 1 Information

Lessee/Authorized Representative Name:

SUSAN M POWELL

Street Address:

6254 SARAH CIR

Safe Box Relationship:

Sole Lessee

Address Line 2:

ID Discrepancy/Resolution:

Business Phone:

Full-Service Safe Deposit Box Agreement

"Bank" refers to Wells Fargo Bank, N.A. Rent is payable in advance in one annual payment. If you fail to pay rent more than 60 calendar days late, you agree to pay a late fee of \$10.00; if more than 90 calendar days late, you agree to pay an additional fee of \$20.00.

By signing below you represent that you have examined the Box and agree that it is acceptable. By signing below you acknowledge that you have received copies of this Agreement, the Safe Deposit Box Lease Terms, the Wells Fargo Privacy (Consumer), the Wells Fargo Privacy Policy for Business Principals: Keeping Your Information Safe and Secure (Business), the Consumer or Business Fee and Information Schedule and two (2) Keys to the Box which you agree to return when the lease terminates or you surrender the Box. You also agree to the terms of the dispute resolution program described in the Safe Deposit Box Lease Terms disclosure. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or before a judge.

This Agreement replaces a Lease Agreement with a commencement date of _____ for Box Number _____

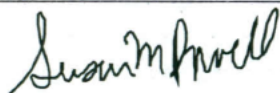
Lessee/Authorized Representative - Signature Capture

Lessee/Authorized Representative 1 Name

SUSAN M POWELL

Lessee/Authorized Representative 1 Signature

SUSAN M POWELL

☐

Submit manually

☐

Signature not required

Agreement Accepted by the Bank

Approved By:

Officer/Portfolio Number:

Store Manager

Manager Signature:

Surrender Agreement

In accordance with the foregoing Agreement, I surrender the Box and the keys to it, and I certify that all property has been removed from the Box and is now in my possession or that of another person legally entitled to possession. I acknowledge that you have fully discharged all of your obligations under the Agreement and I release you from any and all claims of any kind whatsoever arising under or in connection with the Agreement or the Box.

Lessee/Authorized Representative Name:

Lessee/Authorized Representative Signature:

Date:

Supersede Agreement

This Agreement has been replaced by a new agreement on _____ for one or more of the reasons indicated below:

Reason for New Agreement:

- | | | |
|---|---|---|
| <input type="checkbox"/> A new lessee has been added | <input type="checkbox"/> A lessee or authorized representative has been removed | <input type="checkbox"/> The contents of the Box have been transferred to a new Box |
| <input type="checkbox"/> There has been a name change | <input type="checkbox"/> Other: | |

Lessee/Authorized Representative Name:

Lessee/Authorized Representative Signature:

Date:

Approved By: Bank Representative Name:

Bank Representative Title/Position:

Date: