

CONSOLIDATED CO-OPERATIVES OF SCOTTSDALE EAST, INC.

8151 East Garfield Street, Scottsdale, Arizona 85257
Telephone: (480) 947-3941 – Facsimile: (480) 947-6553

DESIGNATION OF BENEFICIARY FORM

In the event of my death, I, the undersigned, hereby designate the beneficiary named below, of all of my right, title and interest in and to the Consolidated Co-Operatives of Scottsdale East, Inc. ("Co-Operative"), the dwelling unit and the related membership.

Dwelling Unit No. _____ Address: _____ Scottsdale, AZ. 85257

Designated Beneficiary: Name: _____

(Print)

Current Address _____

Street City State Zip

Current Address _____

Street City State Zip

Telephone : _____ Fax: _____ Email: _____

1. During my lifetime, the designated beneficiary shall have no right, title or interest in and to the share and / or the Unit under the Occupancy Agreement unless the designated beneficiary is also a party to the Occupancy Agreement

2. In the event of my death, and in order to become a member of the Co-Operative and have an Interest in the Unit, it is understood that the designated beneficiary must make application for membership to The Co-Operative and receive approval for membership pursuant to the policies and procedures then in effect. The beneficiary must also pay all amounts due in connection with the Unit and must execute a new Occupancy Agreement within sixty (60) days after my death. If the beneficiary is not approved for membership or a new Occupancy Agreement is not signed within that time frame, the Co-Operative will resell the Unit with the proceeds payable to the beneficiary, less cost and expenses of the sale and fees and monthly charges which are due for the Unit deducted from said sale proceeds.

3. The undersigned has the right to change the designated beneficiary at any time and the Co-Operative shall have a right to conclusively rely on the last beneficiary designation form which was properly completed and delivered to the Co-Operative as the effective beneficiary designation.

Date: _____ Unit No. _____

Member (Print Name)

Member (Signature)

Address

City

State

Zip

State of Arizona

County of Maricopa

On this _____ day of _____, 2026, before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed this DESIGNATION OF BENEFICIARY FORM document.

(seal)

Notary Public