

Special Needs Trust Attorney Certification

I certify that I, KELLY A. THOMPSON, prepared the Personal Support Trust at The Foundation of The Arc of Northern Virginia, a pooled Special Needs Trust (“Trust”). This trust is for the benefit of _____, who currently resides at _____, *and the Trust complies with all applicable state and federal laws.* _____ is the dependent child of _____.

I understand that if the child named above has previously applied for, or in the future applies for, Supplemental Security Income (SSI) or other benefits, the Social Security Administration may need to review the SNT and ensure that it is compliant with all applicable state and federal laws.

Name of practicing attorney KELLY A. THOMPSON

State licensed to practice VIRGINIA

State bar number 33516

Signature of attorney _____

Commonwealth of Virginia

County of Arlington

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on _____, 2018
by KELLY A. THOMPSON

Notary Public