

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS



Do **NOT** file with your Federal Tax Return

OMB No. 1505-0063

1 Filing for Calendar Year Y Y Y Y 2 0 0 0	2 Type of Filer a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input checked="" type="checkbox"/> Fiduciary	3 Taxpayer Identification Number 5 2 6 3 2 5 0 6 3 A - 05
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Part I Filer Information

4 Last Name or Organization Name DELMARVA TIMBER TRUST (R.E.I.T.)	5 First Name COTTRELL, MICHAEL	6 Middle Initial C.
7 Address (Number, Street, and Apt. or Suite No.) 1157 West 7th Street		8 Date of Birth M M D D Y . Y . Y . Y . 09 1 9 1 9 4 9
9 City ERIE	10 State P A	11 Zip/Postal Code 1 6 5 0 2
	12 Country USA	13 Title (Not necessary if reporting a personal account) SECRETARY / TRUSTEE
14 Are these account jointly owned? a <input type="checkbox"/> Yes b <input checked="" type="checkbox"/> No	15 Number of joint owners	16 Taxpayer Identification Number of joint owner (if known)
17 Last Name or Organization Name DELMARVA TIMBER TRUST (R.E.I.T.)	18 First Name	19 Middle Initial

Part II Information on Financial Accounts

20 Number of Foreign Financial Accounts in which a financial interest is held 5	21 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other U.S. TREASURIES & CASH	
22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input checked="" type="checkbox"/> Over \$1,000,000	23 Account Number or other designation 0, 8, 4, 5, 6, 9, 8, 9, 6, 2, 5, 0, 9	
24 Name of Financial Institution with which account is held THE BANK OF NEW YORK	25 Country in which account is held LONDON, ENGLAND	
26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner DELMARVA TIMBER TRUST (R.E.I.T.) / MEDDLES	
28 First Name CHARLES	29 Middle Initial OWEN	30 Taxpayer Identification Number 2 8 2 1 8 7 4 9 1 DECEASED
31 Address (Number, Street, and Apt. or Suite No.)		32 City
33 State	34 Zip/Postal Code	35 Country
36 Signature MICHAEL C. COTTRELL, SECRETARY/TRUSTEE <i>M.C. Cottrell</i>		37 Date M M D D Y . Y . Y . Y . 0 4 1 6 2 0 0 1

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. **SEE INSTRUCTIONS FOR DEFINITION.** File this form with:

U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.

PRIVACY ACT NOTIFICATION

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a(e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. Disclosure of this information is mandatory. Civil and criminal penalties, including certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

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Continuation Page

Form TD F 90-22.1

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year Y . Y . Y . Y 2 0 0 0	3 Taxpayer Identification Number 5 2 6 3 2 5 0 6 3	4 Filer Last Name or Business Name DELMARVA TIMBER TRUST (R.E.I.T.)	Page Number 2 OF 3
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2 Type of Filer a <input type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input checked="" type="checkbox"/> Fiduciary	21 Type of Account U.S. TREASURIES a <input type="checkbox"/> Bank c <input checked="" type="checkbox"/> Other & CASH b <input type="checkbox"/> Securities	22 Maximum Value of Account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input checked="" type="checkbox"/> Over \$1,000,000
23 Account Number or other designation 4 0 0 7 1 2 9 2		24 Name of Financial Institution with which account is held THE CHASE MANHATTAN BANK

25 Country in which account is held LONDON, ENGLAND	26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner DELMARVA TIMBER TRUST / MEDDLES
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28 First Name CHARLES	29 Middle Initial OWEN	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.) DECEASED
32 City	33 State	34 Zip/Postal Code	35 Country

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23 Account Number or other designation 0 8 1 2 0 8		24 Name of Financial Institution with which account is held THE BANK OF TOKYO-MITSUBISHI

25 Country in which account is held LONDON, ENGLAND	26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner DELMARVA TIMBER TRUST / MEDDLES
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23 Account Number or other designation 1 0 3 8 2 8 9		24 Name of Financial Institution with which account is held THE BANK OF AMERICA

25 Country in which account is held LONDON, ENGLAND	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner DELMARVA TIMBER TRUST / MEDDLES
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U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.

Paperwork Reduction Act. The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Department of the Treasury, Financial Crimes Enforcement Network, Suite 200, 2070 Chain Bridge Road, Vienna VA 22182-2536.

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