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Inside C2

Southern DAILY

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Southern Daily News is published by Southern News Group Daily

Thursday, March 04 2021

‘When will it end?’: How a changing virus is reshaping scientists’ views on COVID-19



FILE PHOTO: A healthcare worker draws the coronavirus disease (COVID-19) vaccine from a vial at Dignity Health Glendale Memorial Hospital and Health Center in Glendale, California, U.S., December 17, 2020. REUTERS/Lucy Nicholson/File Photo

CHICAGO (Reuters) - Chris Murray, a University of Washington disease expert whose projections on COVID-19 infections and deaths are closely followed worldwide, is changing his assumptions about the course of the pandemic.

FILE PHOTO: A healthcare worker draws the coronavirus disease (COVID-19) vaccine from a vial at Dignity Health Glendale Memorial Hospital and Health Center in Glendale, California, U.S., December 17, 2020. REUTERS/Lucy Nicholson/File Photo
Murray had until recently been hopeful that the discovery of several effective vaccines could help countries achieve herd immunity, or nearly eliminate transmission through a combination of inoculation and previous infection. But in the last month, data from a vaccine trial in South Africa showed not only that a rapidly-spreading coronavirus variant could dampen the effect of the vaccine, it could also evade natural immunity in people who had been previously infected.

“I couldn’t sleep” after seeing the

data, Murray, director of the Seattle-based Institute for Health Metrics and Evaluation, told Reuters. “When will it end?” he asked himself, referring to the pandemic. He is currently updating his model to account for variants’ ability to escape natural immunity and expects to provide new projections as early as this week.

A new consensus is emerging among scientists, according to Reuters interviews with 18 specialists who closely track the pandemic or are working to curb its impact. Many described how the breakthrough late last year of two vaccines with around 95% efficacy against COVID-19 had initially sparked hope that the virus could be largely contained, similar to the way measles has been.

But, they say, data in recent weeks on new variants from South Africa and Brazil has undercut that optimism. They now believe that SARS-CoV-2 will not only remain with us as an endemic virus, continuing to circulate in communities, but will likely cause a significant burden of illness and death for years to come.

As a result, the scientists said, people could expect to continue to take

measures such as routine mask-wearing and avoiding crowded places during COVID-19 surges, especially for people at high risk. Even after vaccination, “I still would want to wear a mask if there was a variant out there,” Dr. Anthony Fauci, chief medical advisor to U.S. President Joe Biden, said in an interview. “All you need is one little flick of a variant (sparking) another surge, and there goes your prediction” about when life gets back to normal.

Some scientists, including Murray, acknowledge that the outlook could improve. The new vaccines, which have been developed at record speed, still appear to prevent hospitalizations and death even when new variants are the cause of infection. Many vaccine developers are working on booster shots and new inoculations that could preserve a high level of efficacy against the variants. And, scientists say there is still much to be learned about the immune system’s ability to combat the virus.

Already, COVID-19 infection rates have declined in many countries since the start of 2021, with some dramatic reductions in severe illness and hospitalizations among the first groups of people to be vaccinated.

WORSE THAN FLU
Murray said if the South African variant,

or similar mutants, continue to spread rapidly, the number of COVID-19 cases resulting in hospitalization or death this coming winter could be four times higher than the flu. The rough estimate assumes a 65% effective vaccine given to half of a country’s population. In a worst-case scenario, that could represent as many as 200,000 U.S. deaths related to COVID-19 over the winter period, based on federal government estimates of annual flu fatalities. His institute’s current forecast, which runs to June 1, assumes there will be an additional 62,000 U.S. deaths and 690,000 global deaths from COVID-19 by that point. The model includes assumptions about vaccination rates as well as the transmissibility of the South African and Brazilian variants.

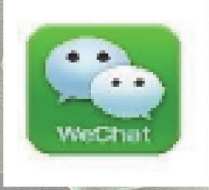
The shift in thinking among scientists has influenced more cautious government statements about when the pandemic will end. Britain last week said it expects a slow emergence from one of the world’s strictest lockdowns, despite having one of the fastest vaccination drives. U.S. government predictions of a return to a more normal lifestyle have been repeatedly pushed back, most recently from late summer to Christmas, and then to March 2022. Israel issues “Green Pass” immunity documents to people who have recovered from COVID-19 or been vaccinated, allowing them back into hotels or theaters. The documents are only valid for six months because it’s not clear how long immunity will last. “What does it mean to be past the emergency phase of this pandemic?,” said Stefan Baral, an epidemiologist at the Johns Hopkins School of Public Health. While some experts have asked whether countries could completely eradicate any case of COVID-19 through vaccines and stringent lockdowns, Baral sees the goals as more modest, but still meaningful. “In my mind, it’s that hospitals aren’t full, the ICUs aren’t full, and people aren’t tragically passing,” he said.

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WEA LEE'S GLOBAL NOTES

03/03/2021

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government would immediately open up disaster centers and reach out to help affected people in the area.

When we review this disaster, we find that the State of Texas did not prepare for such winter temperatures. And because of the changes caused by global warming and the lack of solid infrastructure, the winter temperatures went down under seventeen degrees. We just can't meet the challenge.

In Austin, Governor Greg Abbott and state representatives went into an emergency meeting in an effort to try



and find an answer to what happened and resolve the situation for any future problems.

to Texas again. We still have confidence and are looking forward to a better future for our community.

Today the beautiful sunshine came back



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Publisher Southern Daily Wea H. Lee

Southern DAILY Make Today Different

Editor's Choice



Mount Sinabung volcano erupts as seen from Kuta Rakyat village in Karo, North Sumatra Province, Indonesia. Antara Foto/Sastrawan Ginting



A giraffe crosses a road laced with an electric fence within the Kimana Sanctuary, part of a crucial wildlife corridor that links the Amboseli National Park to the Chyulu Hills and Tsavo protected areas, within the Amboseli ecosystem in Kimana, Kenya. REUTERS/Thomas Mukoya



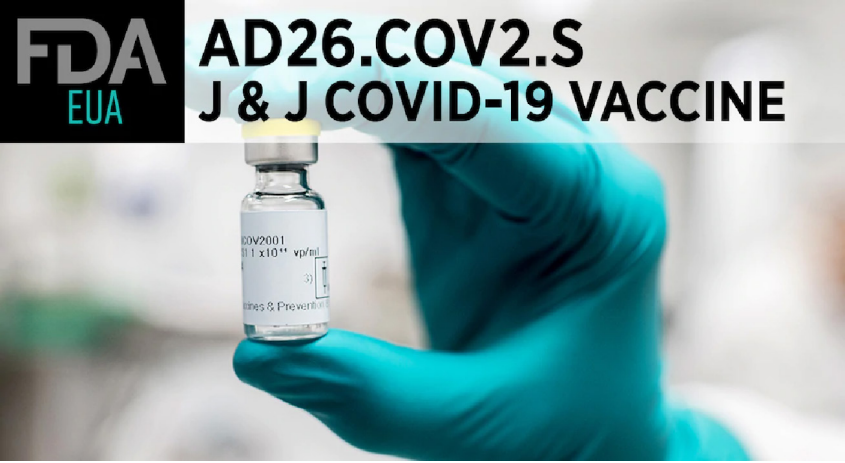
The scene of a collision is seen near Holtville, California. At least 13 people, 10 of them Mexican nationals, were killed on Tuesday when a tractor-trailer slammed into an SUV crammed with 25 adults and children on a dusty Southern Californian road near the U.S.-Mexico border, officials said. REUTERS/Bing Guan



Protesters lie on the ground after police opened fire to disperse an anti-coup protest in Mandalay, Myanmar. Among them, Angel, 19, bottom-left in black t-shirt, also known as Kyal Sin, took cover before she was shot in the head. REUTERS/Stringer

Johnson & Johnson’s Single Dose COVID-19 Vaccine Received Emergency Use Authorization (EUA) From The FDA On Saturday

CDC Backs J&J COVID Vax



Compiled And Edited By John T. Robbins, Southern Daily Editor

Johnson & Johnson’s single dose COVID-19 vaccine received emergency use authorization (EUA) from the FDA on Saturday, and was authorized the next day by CDC under the EUA’s terms. CDC’s Advisory Committee on Immunization Practices (ACIP) voted 12-0 (with one abstention) to recommend it for adults ages 18 and older. Shortly afterwards, CDC director, Rochelle Walensky, MD, announced the official CDC backing. On Sunday night, senior White House officials gave a briefing on background, where they said distribution of 3.9 million doses of the J&J vaccine would begin immediately, with actual administration possible as early as Tuesday morning. The company expects to deliver about 16 million additional doses by the end of March, officials said. This vaccine will be allocated in the same manner as the Pfizer/BioNTech and Moderna vaccines, officials said, which is proportional to a state, tribe or territory’s population. CDC will also be monitoring distribution of vaccines across a range of metrics, including zip codes and the Social Vulnerability Index. At a media briefing Saturday night, acting FDA Commissioner Janet Woodcock, MD, reiterated issues raised by the FDA advisory committee on Friday, that the J&J product’s lower effica-

cy number (70% vs 95%) may lead people to believe it’s less effective than the others. She said that wasn’t necessarily so and urged Americans to “take the vaccine they are able to access.” “All these vaccines meet our standards for effectiveness. They were not studied in head-to-head trials, so [they’re] difficult to compare ... due to differences in development programs,” she said. (For one thing, efficacy in the J&J trial was judged for preventing moderate-to-severe COVID illness, whereas the endpoint was all symptomatic COVID in the Pfizer and Moderna studies.) At the ACIP meeting, committee members raised the issue of potentially comparing the vaccines, but chair Jose Romero, MD, said that was not their task for today, but they could discuss it when ACIP meets again on Monday.



“We need to be clear on our messaging regard-

ing comparisons with other vaccines,” said Jason Goldman, MD, of the American College of Physicians. “As a primary care physician, many of us are eager to vaccinate” patients and this vaccine will be “helpful in achieving that goal.” Macaya Douoguih, MD, of J&J’s Janssen unit where the vaccine was developed, discussed the potential advantages of a one-dose vaccine, citing the company’s experience with the Ebola outbreak, where they developed a vaccine with the same Ad.26 adenovirus vector platform. “For an outbreak setting, a single dose has a tremendous advantage in terms of being able to rapidly roll out mass vaccination” without the complexity of following up for a second dose, she said. Douoguih addressed the company’s planned two-dose study, which drew the attention of FDA advisory committee members on Friday, and said that while the two-dose regimen could be “more immunogenic and lead to durable efficacy,” she thought there was room for both strategies. When reviewing data about evidence for a recommendation, CDC researchers discussed preliminary data about asymptomatic infection, which assessed seroconversion between days 29 and 71 and was based on detection of N-binding antibody among asymptomatic people. Those data showed vaccine efficacy against seroconversion was 74% (95% CI 48%-87%), but both CDC and ACIP members urged caution. CDC researchers gave the data a “low certainty of evidence,” given the data was only preliminary.

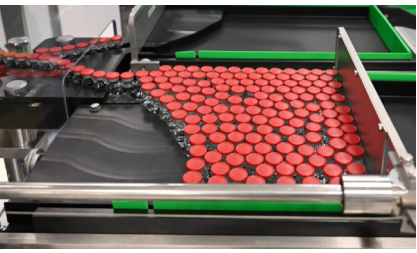


“Our level of confidence in asymptomatic infection is tempered by low numbers and that is important for us to remember,” said ACIP committee member Sarah Long, MD, of Drexel University College of Medicine in Philadelphia. “I appreciate the workgroup concluding the confidence is not that high.” (Courtesy medpagetoday.com)

Related

Johnson & Johnson’s single-dose COVID-19 vaccine effective and safe per FDA analysis

Johnson & Johnson’s single-dose coronavirus vaccine is effective at preventing moderate and severe cases of COVID-19, according to an analysis of the trial data published by the Food and Drug Administration on Wednesday. The company’s single dose vaccine is 66 percent effective, well within the agency’s standards. The vaccine is also safe to use, according to the analysis. More specifically, the vaccine is more than 85 percent effective at preventing severe cases of COVID-19 and completely prevents hospitalizations and deaths. Overall, there were seven deaths in the trial, all in the placebo group. The company initially announced the 66 percent effectiveness in a press release last month but had not yet released trial results. The information was published ahead of an FDA advisory committee meeting Friday, which will debate whether to grant the vaccine emergency authorization. The promising data gives hope that a third coronavirus vaccine could be authorized as soon as this weekend. While the other coronavirus vaccines already on the market may appear to be more effective than Johnson & Johnson’s, experts say it is difficult to compare them head-to-head. The vaccine was tested in a 44,000-person clinical trial across the U.S., Brazil and South Africa geographic regions, all of which have seen mutated versions of the virus.



There was a lower efficacy against moderate to severe/critical disease endpoints observed in South Africa compared to the United States and Brazil, but vaccine efficacy against severe or critical COVID-19 infections was “similarly high in all 3 countries,” the review found. Still, the varying efficacy is a warning sign about mutations, especially from the variant found in South Africa. The effectiveness against moderate to severe illness dropped from 72 percent in the United States to 57 percent in South Africa, where a new coro-

navirus variant is prevalent. The vaccine was less effective in a subgroup of adults older than 60 with underlying conditions, but regulators noted there were no deaths or cases requiring medical intervention a month after those older adults received vaccines. The most frequently reported local adverse reaction was injection site pain, which was reported more by younger participants aged 18 to 59 than people older than 60. Johnson & Johnson has said it will have about 4 million doses ready to ship immediately upon emergency authorization. A company executive told Congress that it expects to provide 20 million doses by the end of March and 100 million by summer. However, the shot could ease the complicated logistics of the U.S. vaccine rollout. Unlike the vaccines from Moderna and Pfizer, Johnson & Johnson’s shot can be stored in a normal refrigerator for several months, rather than at ultra-cold temperatures. And as a single shot, there won’t be a concern about scheduling or having enough supplies for a second dose. (Courtesy thehill.com)



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Stay Home!

COMMUNITY

Wear Mask!

CDC Expands Covid Vaccination Guidelines To Everyone 65 And Older



KEY POINTS

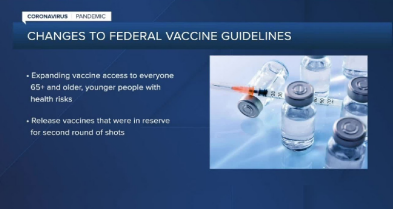
The Trump administration is issuing new guidelines that expand coronavirus vaccine eligibility to everyone 65 years old and above, a senior administration official said.

States’ focus on vaccinating health-care workers and nursing homes has created a bottleneck, the official said.

Compiled And Edited By John T. Robbins, Southern Daily Editor

The Trump administration on Tuesday issued new guidelines that expand coronavirus vaccine eligibility to everyone age 65 and older as well as to those with comorbid conditions, like diabetes. The states’ focus on vaccinating health-care workers and nursing homes has created a bottleneck, a senior administration official told CNBC, speaking on condition of anonymity in advance of the formal announcement. “The states are being told immediately they need to expand to 65-plus as well as those under 65 with comorbid conditions,” the official said. The administration will also stop holding back millions of doses reserved for the second round of shots of Pfizer and Moderna’s two-dose vaccines, the official said, adding they released doses that had been held in reserve on Sunday. “States should not be waiting to complete phase 1a prioritization before proceeding to broader categories of eligibility,” Azar said Tuesday, explaining the new guidance. “Think of it like boarding an

airplane. You might have a sequential order in which you board people. But you don’t wait ‘til literally every person from a group is boarded before moving on to the next.”



Some 53 million Americans who are 65 and older and 110 million people between 16 and 64 with comorbid conditions will now be eligible to receive the vaccine if every state adopts the guidelines, according to the Centers for Disease Control and Prevention. President-elect Joe Biden’s transition team announced Friday that his administration planned to release all doses held in reserve. The Trump administration was expected to announce the change at a press

conference Tuesday with officials from Operation Warp Speed, the White House vaccine program. U.S. Surgeon General Jerome Adams also confirmed the changes in an interview with Fox News Tuesday morning, saying the Centers for Disease Control and Prevention’s previous prioritization guidelines to states was “actually causing governors and states to slow a little bit.” “We are going to have clear guidance from the CDC to governors that they should vaccinate people 65 and above and anyone below 64 who has a chronic medical condition,” he said. U.S. officials are trying to pick up the pace of vaccinations after a slower-than-expected rollout. As of Monday morning, more than 25.4 million doses had been distributed across the U.S., but just over 8.9 million shots have been administered, according to CDC data. The number is a far cry from the federal government’s goal of inoculating 20 million Americans by the end of 2020 and 50 million Americans by the end of this month.



State and local health officials have said they are strapped for cash. They blame insufficient funding and inconsistent communication from the federal government for the slow rollout. Democrats and some public health experts have criticized the administration for the slow pace. In a letter Monday, Senate Democrats demanded the administration make changes, saying it has “failed” states by not providing detailed guidance on how to effectively distribute the doses. The U.S. “cannot afford this vaccination campaign to continue to be hindered by the lack of planning, communication, and leadership we have seen so far,” Senate Minority Leader Chuck Schumer and

44 other Democrats wrote. “The metric that matters, and where we are clearly moving too slowly, is vaccines in arms.” In an attempt to pick up the pace of vaccinations, Health and Human Services Secretary Alex Azar and Food and Drug Administration Commissioner Dr. Stephen Hahn urged states last week to begin vaccinating lower-priority groups against Covid-19. The CDC recommends immunizing health-care workers and nursing homes first, but states can distribute the vaccine as they see fit. Hahn told reporters that states should give shots to groups that “make sense,” such as the elderly, people with preexisting conditions, police, firefighters and other essential workers.



“We’ve heard in the press that some folks have said, ‘OK, I’m waiting to get all of my health-care workers vaccinated. We have about 35% uptake of the vaccine.’ I think it reasonable to expand that” to other groups, Hahn said Friday. “I would strongly encourage that we move forward with giving states the opportunity to be more expansive in who they can give the vaccine to.” It’s unclear if expanding the eligibility will pick up the pace of vaccinations. Some states, including Texas and Florida, have already expanded their eligibility criteria. (Courtesy https://www.cnbc.com/)

Related
California To Vaccinate Residents 65 Or Older Against COVID-19
California Gov. Gavin Newsom announced Wednesday that residents 65 and older are eligible to receive the COVID-19 vaccine. He aims to administer an additional 1 million doses by the end of the week, a California Dept. of Public Health statement said. As of Wednesday, California had administered about 890,000 of their 3.43 million doses of the vaccine, the Centers for

Disease Control and Prevention reported. The state has set up mass-immunization sites in sports stadiums and fairgrounds to expedite distribution. Additionally, 36,000 dentists were added to the pool of personnel allowed to administer the vaccines, the news release said.

Office of the Governor of California
@CAGovernor
We are significantly increasing efforts to get vaccines out. One way is through mass distribution sites for priority groups, another is increasing eligible groups - we’re announcing that Californians 65+ are the next group eligible to receive #COVID19 vaccines. #EndThePandemic



A pharmacist administering a COVID-19 vaccine in Santa Rosa, Calif., Wednesday. California Gov. Gavin Newsom aims to get 1 million doses of the vaccines administered before the end of the week. (Photo/Justin Sullivan/Getty Images)
“We are significantly increasing our efforts to get these vaccines administered, get them out of freezers and get them into people’s arms,” Newsom said in a video posted to Twitter Wednesday. “One of the most significant things we can do is increase the number of people eligible to ... receive the vaccine and that’s what we’re doing today, announcing everybody 65 and over — about 6.6 million Californians — we are now pulling into the tier to make available vaccines.” About 90% of Californians are still under Newsom’s regional stay-at-home order, which went into effect early last December. The state recorded just under 300,000 new COVID-19 cases and 3,510 deaths in the last week. However, these numbers seem to have leveled out in recent days.

欧阳婉贞律师专栏:

没有遗嘱，如何避免遗产认证程序？

张女士在 60 岁突然去世时没有遗嘱，留下她的丈夫和两个成年子女。儿子已经结婚了。女儿未婚，和他们住在一起。她留下了以下资产：一个住宅地、一些珠宝、银行账户里的现金、家居用品、一辆她和丈夫共用的汽车、服饰等。她的丈夫和孩子们希望避开复杂的法庭遗产认证程序。他们该怎么做呢？

提交申请

指定执行人

资产清单

确定受益人/继承人

通知债权人

解决纠纷

分配遗产

遗产认证的法院程序可能耗时又耗资，还需要花费很多精力，需要经常出入法庭等，这就是为什么许多人希望为他们的家人省去这些成本和麻烦。根据德州法律，满足一定条件下可以适用简化程序（小额遗产认证程序）、通过继承权宣誓书转让不动产/车辆，还可以通过生前财产规划来避免遗产认证程序。

一、小额遗产认证程序

德州允许未留遗嘱死者的法定继承人向法院提交小额遗产宣誓书，以代替正式的遗产认证程序。

1. 什么是小额遗产(small estate)?

要使用此简化程序，遗产的总价值不得超过 7.5 万美元，住宅地和豁免财产除外。豁免财产是留给死者的配偶、未成年子女和同住的未婚成年子女使用的某些财产。家庭最高限额为 10 万美元，单身成人最高限额为 5 万美元。它包括家居用品、日用消费品、服装、珠宝（不超过总限额的 25%）、用于贸易或专业的工具和设备、每个家庭成员的一辆机动车等。

2. 如何准备小额遗产宣誓书 (small estate affidavit)?

小额遗产宣誓书必须由两位无利害关系的见证人（即年满十八岁且非遗产继承人的人士）以及每一位继承人宣誓。宣誓书应显示遗产符合小额遗产的条件。还应包括：（1）所有已知遗产和负债的清单，并指明哪些资产是豁免的；（2）每位继承人的姓名和地址；（3）相关的家族史，以证明每个继承人的继承权。

3. 小额遗产认证程序(small estate probate)

提交小额遗产宣誓书

法官审查批准

通知债权人

分配遗产

首先，继承人需向有管辖权的法院书记员提交小额遗产宣誓书；

法官审查并批准宣誓书。

通知：经法院确认的宣誓书副本须提供给所有的债权人、债务人及其他利益持有人。

之后，继承人可以要求将遗产分配给他们。

当死者留的遗产不多时，使用小额遗产认证程序是有益的。如果死者的住宅地是该死者的遗产中唯一的房产，则可以直接通过小额遗产宣誓书转让宅地所有权。但是如果死者

还拥有宅地以外的房产，那么这种房产的所有权不能直接通过小额遗产宣誓书转让，还需要有一个继承人确认程序。

二、通过继承权宣誓书(Affidavit of Heirship)转让财产

1. 通过继承权宣誓书转让房地产

如果需要转让的遗产只有不动产，而且对于遗产分配没有争议，继承人经常采用继承权宣誓书的方式转让产权，通常需要两步程序：
第一步，准备并签署继承权宣誓书。宣誓书应描述死者情况、婚姻、子女、其他继承人、财产和债务清单等。宣誓书应由至少两位熟悉死者及家族历史并且没有利害关系的人签署并公证。宣誓书需要在房产所在地的不动产登记簿上进行登记。
第二步，准备一份契据将地产转让给新的所有人。在继承权宣誓书中提到的所有继承人 都要签字。契据也需要在房产所在地的不动产登记簿上进行登记。

2. 通过继承权宣誓书转让车辆

同样地，车辆也可以通过继承权宣誓书方式转让。德州车辆管理部门对这个程序有规定。首先，要填写车辆管理部门制定的继承权宣誓表，由所有继承人签字并公证，然后需要填写车辆所有权证书申请表。宣誓书和申请表要提交给所在郡的税务评估员办公室进行所有权转让。

三、通过生前财产规划来避免遗产认证程序

在德州，还可以通过财产规划来避免遗产认证程序，以下是一些示例：

生前信托

死后转让契据

继承权宣誓书

终身地产契据

车辆受益人指定

死后付款银行账户

1. 生前信托 (Trust)

你可以设立生前信托来避免遗产认证，信托可以包括几乎你拥有的所有资产，包括房地产、银行账户、车辆等。你需要准备一份信托法律文件，指定自己为初始受托人 (Trustee)，并指定某人在你去世后接任受托人（后继受托人），并且指定一个或多个受益人在你去世后接受信托资产。然后你必须把你财产的所有权转让给信托。
生前信托通常可以撤销，就是在信托设立后你可以随时修改或撤销信托。在你有生之年，你仍然控制和管理这部分资产，可以租赁或出售资产。在你去世后，该信托将不可撤销，你的后继受托人无需经过遗产认证的法庭程序即可将信托资产转移给信托受益人。

2. 房地产的死后转让契据(Transfer on Death Deed)

根据德州法律，你可以通过死后转让契据将你在房地产中的权益转让给一个或多个受益人。死后转让契据须在生前签署并进行登记，在你去世后生效。这份契据需要满足某些基本内容和格式要求，并且要在房产所在地的不动产登记簿进行登记。
在你的有生之年，你可以随时撤销或修改这个契据，还可以转让或出售财产。你在契据上指定的受益人在你去世之前没有任何权利。如果你与受益人解除婚姻，则向该受益人的转让将自动失效。在你去世后，该房地产无需经过遗产认证转让给受益人。

3. 终身地产契据(Life Estate Deed)和伯德夫人契据(Lady Bird Deed)

终身地产契据也可以帮助你的家人避免遗产认证程序，即在原财产所有人去世后，自动将财产转移给指定的受益人。终身地产契据将财产分为两种利益类型：终身地产（life estate, 在有生之年享有）和剩余地产（remainder interest, 在终身地产持有人去世后生

效）。终身地产和剩余地产分别转移给不同的受益人，即终身地产持有人和剩余地产持有人。在很多情况下，当前产权人也同时是终身地产持有人。
根据传统的终身地产契据，虽然在终身地产持有人在世时，剩余地产持有人不能占有使用地产，但终身地产持有人转让或抵押该地产需要剩余地产持有人同意。为避免这种限制，德州还允许使用另一种类型的契据，称为增强型终身地产契据或伯德夫人契据。它类似于传统的终身地产契据，但最大的区别是终身地产持有人/当前产权人保留自由处理地产的权利，而无需剩余地产持有人参与，包括对房地产进行出售、转让或抵押等。

4. 指定车辆受益人(Beneficiary Designation)

德州还允许对车辆进行死后转让登记。机动车拥有者可以按照德州运输法令的规定，指定一名受益人，在其死亡后将车辆所有权转让给该受益人。如果以这种方式注册车辆，则你指定的受益人将在你去世后自动继承车辆而无需经过法院的认证程序。在所有者的有生之年，该指定不影响所有者的权益，包括转让或抵押车辆的权力，还可以变更指定的受益人或撤销变更而无需受益人同意。

5. 对银行账户设定死后付款 (Payable on Death/POD)

在德州，你可以在银行账户（例如储蓄账户或存款单等）中添加“死后付款”(POD)指示。在你有生之年，你仍然控制着账户里的所有钱，甚至把钱花光——你的 POD 受益人对存款没有权利。在你死后，受益人可以直接向银行索取这笔钱而不需要经过法庭遗产认证程序。

然后，需要计算除住宅地和豁免财产之外的剩余财产的价值。如果价值不超过 7.5 万美元，他们可以使用小额遗产认证程序。张女士的家人可以向她居住地法院提交小额遗产宣誓书。
实际上，在张女士去世之前，她也可以通过财产规划来帮助家人避免遗产认证程序并方便转让遗产，例如，（1）签署生前信托并指定家人为受益人；（2）签署死后转让契据或终身地产契据以在她去世后转移她的房地产；（3）对银行账户添加死后付款指示等。

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Wanchan Ohyan - Managing Attorney
欧婉婉 律师
Licensed in Texas and New York

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Law Office of W. Ohyan, P.L.L.C.
(dba: Ohyan Law Group)
地址: 6464 Savoy Drive, Suite 510 , Houston, TX 77036
电话: 713-772-9639 713-772-9622
传真: 832-665-2035 微信: wanchanoh
电子邮件: ohyan@ohyanlawgroup.com
网站: www.ohyanlawgroup.com
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休城画页

Daily News

Temple Construction 体能训练中心春季师生成果报告

位于休斯顿西南区知名体能训练中心 Temple Construction 日前举行年度春季班师生体能训练成果报告活动，包括健身项目，有氧项目，武术训练及重力训练等项目观摩。多位学员在老师们的指导下得到了佳绩。在健康标准及个人期许都有了成功的目标，新年新期许得到了实践，共同度过了欢乐的时光。

