Trust Number Reserved and Assigned:

2801 W. Jefferson St. Joliet, Illinois 60435 Phone: 815-773-2606

## LAND TRUST APPLICATION

Date:
When accepting responsibility to act as Trustee under a Land Trust, FIRST MIDWEST BANK, will do so only upon its own forms of Trust Agreement and Deed in Trust, a copy of each of which is included with this Application.
Among the insertions to be typed onto the Trust Agreement form is the designation of the beneficiary, and if more than one, their specific interests in the Trust property and the order of their enjoyment thereof, if applicable. Another is the designation of the person(s) having the power to direct the Trustee in various essential matters (which appears on the front side of the Trust Agreement form).
As such designations will establish the beneficial ownership of, and could effect or alter, the devolution of the beneficial ownership of the Trust property, they should be prepared by an attorney. As a Banking Corporation, neither this Bank nor its employees are authorized to practice law for the purpose of assisting you in this regard. Hence, this Bank cannot accept any responsibility for any consequences of such designations as you may furnish to us in such documents.
We suggest, therefore, that the Trust Agreement and Deed in Trust be completed for you in all respects by your attorney.
Beneficiary Designation:
Power of Direction Designation:
3. Complete address, Social Security Number, Date of Birth, and Telephone Number for each Party named above:
Written inquiries, legal notices and other similar matters should be forwarded to:
5. The following names(s) should be furnished to a person making oral inquiry:
6. To whom shall bills be mailed?
PLEASE ENTER BELOW THE FOLLOWING INFORMATION ABOUT THE TRUST PROPERTY:
7. Complete address of each parcel:
8. Permanent index number of each parcel:
9. Improved Yes No
10. Current value of each parcel: \$
CONTINUED ON BACK SIDE

11. If improved, indicate	. If improved, indicateSingle Family Residence						
	Apartment						
-	Store & Ap	ot. Bldg., No.	of Stores	_/Apts			
-	Commercia	al Bldg., Uses					
	Factory, TyOther, Des	cribe					
12. Construction of each parcel:							
13. Height in stories of each parc	el			_			
14. Elevators of each parcel: Pass	senger	Freight					
15. Is liquor sold on the premises							
16. Indicate location and nature of	of premises where	e liquor is solo	dResta	aurants _	Taverns	Package Store	
17. Liquor liability insurance nov	v in force:	Yes	_No Indicat	e compar	ny and policy n	number:	
Company							
18. Will a tax search show any de							
•	-	NMENTAL (					
Beneficiary(ies) and holder(s) of reporting requirements of "The Amended), will be conveyed to, Direction further agree that they which any nuisance, environment otherwise exist.	Responsible Proportion or held by, Tru will not cause or	perty Transfer stee in any e r allow any re	r Act of 198 vent. Benefeal estate to	8," (30 I iciary(ies be conve	Ill. Rev. Stat., s) and holder(s) yed to, or held	Secs. 903-907, as s) of the Power of by, Trustee upor	
Beneficiary(ies) shall hold Truste judgments, demands, costs of su foregoing covenants.	ee harmless and s uit and attorneys	shall defend a ' fees which	nd indemnify Trustee may	y it from incur by	any and all lo y reason of th	ss, claims, actions ne violation of the	
The Trustee shall be under no do Trustee. No deed, instrument or of warranty by Trustee as to any env	other document e	xecuted or ac	onmental ma cepted by Tro	tters affe ustee shal	cting any real ll constitute an	estate held by the y representation of	
To help the government fight the financial institutions to obtain, ver this means for you: When you information that will allow us to documents.	rify, and record i	information that, we will a	nat identifies ask for your	each pers name, a	son who opens ddress, date o	an account. Wha	
This Application has been comple	eted by		CANT_ RNEY or AC	_ SENT FO	R APPLICAN	TT	
Identify APPLICANT (and ident such Attorney or Agent)	ify Attorney or A			•	•		
APPLICANT	ATTO	ATTORNEY or AGENT FOR APPLICANT					
AFFEICANT		Name					
Signature of person completing th							

Date