

AMENDMENT TO TRUST

THIS Amendment, is being made on this the _____ day of _____,
20____, by _____ of _____ County, State of
_____, as the Trustor of THE _____ REVOCABLE TRUST dated
_____.

Trustor(s) do hereby amend the trust mentioned above as follows:

- 1.
- 2.
- 3.
- 4.

Except as amended, all other terms and provisions of the trust are to remain in full force and effect.

DATED this the _____ day of _____, 20_____.

Trustor Signature
Print Name _____

Trustor Signature
Print Name _____

STATE OF ARKANSAS

COUNTY OF _____

On this the ____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
_____, known to me (or satisfactorily proven) to be
the person whose name is/are subscribed to the within instrument and acknowledged that
he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public

Printed Name: _____

My Commission Expires:
