## **AMENDMENT TO TRUST**

	THIS Amendr	nent, is being	made on	this the		day of		,	
20	, by	_			of	(	County, S	tate of	
	, a	s 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 IDAHO

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public, personally appeared \_\_\_\_\_, known or identified to me (or proved to me on the oath of \_\_\_\_\_\_), to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

(Seal)

Notary Public

Printed Name: \_\_\_\_\_

Commission Expires: