

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 ILLINOIS

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ (name of person acknowledged.)

Notary Public

(SEAL)

Print Name

My Commission Expires:
