

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 INDIANA
COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day of _____, _____, personally appeared _____, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public

Print Name: _____

My commission expires:
