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 Massachusetts

County _____

instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

Notary Public

Print Name: _____

), to

My commission expires: