

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 MISSOURI

COUNTY OF _____

On this _____ day of _____ in the year _____,
before me, the undersigned notary public, personally appeared
_____, known to me to be the person(s) whose name(s)
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

Print Name: _____

My commission expires:
