AMENDMENT TO TRUST

	THIS	Amendment, is be	ing made on tl	his the	day of	,
20	, by _			of		County, State of
		Amendment, is be	stor of THE $_$		_ REVOCABLE	TRUST dated
	Trusto	r(s) do hereby ame	nd the trust men	tioned above as	s follows:	
	1.					
	2.					
	3.					
	4.					
and ef		t as amended, all o	ther terms and p	rovisions of the	trust are to ren	nain in full force
	DATE	D this the	day of		, 20	
				Trustor Signa Print Name _	ature	
				Trustor Signa	ature	

State	ot inev	ada, County of		_, SS:					
	I	CERTIFY	that	on	and			_,	, personally
		me and acknoch person):	owledged	unde	r oath to r	ny satisfact	tion, that	this persor	i (or if more
,		in and persona d delivered this	, ,			•		ľ	
					N	lotary Publi	ic		
					F	rint Name:			
Му со	mmiss	ion expires:							