

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 NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

Printed Name: _____

My Commission Expires:
