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 OF PENNSYLVANIA

COUNTY OF	-					
On this, the	day of	,,, before me , the undersigned officer, personally				
appeared to be the person whose name _ and acknowledged that purposes therein contained.		, the undersigned officer, personally, known to me (or satisfactorily proven) subscribed to the within instrument, (he/she/they) executed the same for the				
In witness whereof, I hereunto set my hand and official seal.						
		Notary Public				
		Printed Name:				
My Commission Expires:						