

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 WISCONSIN

COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
_____, (date) by _____ (name(s))
of person(s).

(Seal, if any)

Notary Public

Printed Name: _____

My Commission Expires:
