

**COMPLIANCE WITH  
“AN ACT TO REQUIRE DISCLOSURE OF ALL BENEFICIAL INTERESTS”**

765 ICLS 405/1, ET AL (1993)

**NAME OF TRUSTEE:** \_\_\_\_\_

**PPN #:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**NAME & ADDRESS OF BENEFICIARIES:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**The above and foregoing is a complete disclosure of all beneficiaries and/or holders of any beneficial interest in the above named trust.**

\_\_\_\_\_

STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF DUPAGE    )

\_\_\_\_\_ **Being first sworn on oath deposes and states that he has read the above and foregoing disclosure of beneficiaries of a land trust by him subscribed, knows the contents thereof and that the same are true and correct.**

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_. (SEAL)

\_\_\_\_\_  
Notary Public