

--This form must be completed by the bank--

**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.

_____)
agent signature

STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

_____ **Being first sworn on oath deposes and**
print name
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.

_____)
agent signature

Subscribed and sworn to before me this _____ day
of _____, 20____. (SEAL)

Notary Public