



AMENDMENT OF THE CONTINGENT BENEFICIAL INTEREST

As a holder of _____ % beneficial interest in THE LAND TRUST COMPANY'S Trust
Number _____ dated _____ and having the power to amend the
survivorship provisions of said trust agreement, _____

does hereby amend all existing provisions for the transfer of the beneficial interest AFTER DEATH, by substituting the following in lieu thereof:

In the event of the death of _____

during the existence of this trust, all such right, title or interest not previously assigned or
otherwise disposed of shall vest in: _____

_____ if then living.

All other terms and provisions of said trust agreement are hereby confirmed and remain in full force and effect.

Date: _____

Signature Printed Name

Address City, State, Zip Phone

Email Address Cell Phone

Signature Printed Name

Address City, State, Zip Phone

Email Address Cell Phone

Signature Printed Name

Address City, State, Zip Phone

Email Address Cell Phone

Signature

Printed Name

Address

City, State, Zip

Phone

Email Address

Cell Phone

State of _____)

SS

County of _____)

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that _____

is/are personally known to me to be the same person(s) whose name is subscribed to this instrument appeared before me this day in person and acknowledged that he/she/they signed and delivered the said instrument as his/her/their own free and voluntary act.

Given under my hand and the Notarial Seal this _____ day of _____, 20____.

Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Received and acknowledged the foregoing amendment.

Date: _____

The Land Trust Company

By _____

Trust Officer