



WILL COUNTY SUPERVISOR OF ASSESSMENTS

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TRUST DISCLOSURE FORM

Pursuant to Illinois Compiled Statutes (765 ILS-405/1, et seq). This disclosure form is to verify that I am the sole beneficiary or one of the beneficiaries of the below listed parcel number(s) which is declared under a type of trust agreement. I am responsible to pay the real estate taxes under the trust agreement.

Under penalties of perjury, I state that, to the best of my knowledge, the information completed in this trust disclosure form is true, correct, and complete.

Parcel Number: _____

Beneficiary Name: _____

Beneficiary Telephone Number: _____

Beneficiary Address: _____

Trust Name: _____

Trust Number: _____

(When applicable)

Signature of Beneficiary

Date