Schedule T: Trust Disclosure Schedule

Facility Name _____

Project Location _____
Street Address City County

The Illinois Department of Agriculture is authorized to require this information pursuant to 765 Illinois Compiled Statutes 405/2: "Whenever any trustee of a land trust, or any beneficiary or beneficiaries a land trust, make application to the State of Illinois or to any of its agencies or political subdivisions for any benefit, authorization, license, or permit relating to the land which is the subject of such trust, any interest therein, improvements thereto, or use thereof, such application shall identify each beneficiary of such land trust by name and address and define his interest therein.…"

1. Trust Number _____

2. Trustee: Name _____

   Address _____

3. Please complete the following information for each beneficiary of the trust:

	NAME & ADDRESS	**DEFINED INTEREST**
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____

4. I/We hereby certify that the above is a true and accurate disclosure of the names, addresses, and defined interests of each and every beneficiary of the above-indicated trust as required pursuant to Ill. Rev. Stat., Chap. 148, para. 72.

   Signature _____ Title _____
   (must be signed by a beneficiary, trustee, or trust officer)

   Date _____