

Schedule G – TRUST DISCLOSURE

Facility Name _____

Project Location _____

Street Address

City

County

The Illinois Department of Agriculture is authorized to require this information pursuant to 765 ILCS 405/2: “Whenever any trustee of a land trust, or any beneficiary or beneficiaries of 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 definite his interest therein”

1. Trust Number _____

2. Trustee: Name _____

Address _____

3. 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 interest of each and every beneficiary of the above-indicated trust as required under 765 ILCS 405/2.

Signature: _____

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

Date: _____