

**SCHEDULE T - TRUST DISCLOSURE**

Facility Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_

The Illinois Department of Agriculture is authorized to require this information pursuant to Illinois Compiled Statutes, Chapter 765, Act 405: "Whenever any trustee of a land trust, or any beneficiary of 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 define his interest therein . . .".

- 1. Trust Number \_\_\_\_\_
- 2. Trustee: Name \_\_\_\_\_  
Address \_\_\_\_\_

3. Complete the following information for each beneficiary of the trust:

	<b><u>NAME AND ADDRESS</u></b>	<b><u>DEFINED INTEREST</u></b>
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 Illinois Compiled Statutes, Chapter 765, Act 405.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Compiled Statutes, Chapter 415, Act 65. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.