



WILL COUNTY SUPERVISOR OF ASSESSMENTS
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DISCLOSURE FORM

Pursuant to Illinois Compiled Statutes (765 ILS-405/1 & 2)
This 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 land trust agreement.

Parcel # (P.I.N.):

Owner's Name

Street Address, City, State, Zip Code

Telephone

Bank Name

Trust Number

Street Address, City, State, Zip Code

Owner/Signature of Beneficiary

Date

Administrative Clerk Signature

Date