



**Will County**  
**Supervisor of Assessments Office**

Will County Office Building  
302 North Chicago Street, Joliet, Illinois 60432

Rhonda R. Novak, CIAO/I  
Chief County Assessment Officer

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**DISCLOSURE FORM**

Pursuant to Illinois Compiled Statutes (765 ILS-405/1 & 2. 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.

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 # (P.I.N.):** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Trust Name or Bank Trust Name:** \_\_\_\_\_

**Trust Number:** \_\_\_\_\_

**Trust Address or Bank Address:** \_\_\_\_\_

**Bank Telephone Number:** \_\_\_\_\_

**Signature of Beneficiary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrative Clerk Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_