



**WILL COUNTY
SUPERVISOR OF ASSESSMENTS**

**Will County Office Building
302 N. Chicago Street, Joliet, IL 60432**

**Dale D. Butalla, CIAO-M, IAAO-P
Supervisor of Assessments**

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DISCLOSURE FORM

Pursuant to Illinois Compiled Statutes (765 ILCS-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:** _____