



**WILL COUNTY
BOARD OF REVIEW**
Will County Office Building 2nd Floor
302 North Chicago Street
Joliet, IL 60432

Dale Butalla, CIAO-M
Supervisor of Assessments
Clerk of the Board

Telephone: (815) 740-4707
www.willcountysoa.com

DISCLOSURE FORM

Pursuant to Illinois Compiled Statutes (765 ILS-405/1, et seq). 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. I am responsible to pay the real estate taxes under the 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(s) # (P.I.N.) _____

Beneficiary Name: _____

Beneficiary Telephone Number: _____

Beneficiary Address: _____

Trust Name: _____

Trust Number: _____
(when applicable)

Signature of Beneficiary

Date