TRUST AMENDMENT FORM

THIS AMENDMENT TO TRUST AGREEMENT is made on _____ [Date] by _____ [Full Name of Grantor], residing at _____ [Address of Grantor] (the "Grantor").

The Grantor is the creator of the trust known as the _____ [Name of Trust] dated _____ [Original Date of Trust Agreement] (the "Trust"), and desires to amend said Trust in accordance with the terms stated herein.

This Amendment is made pursuant to the powers reserved in the original Trust Agreement and applicable state trust laws.

1. Identification of Trust

Name of Trust: _____ [Full Legal Name of Trust]
Date of Original Trust: _____ [Date]
Trustee(s): _____ [Name(s) of Current Trustee(s)]
Successor Trustee(s) (if applicable): _____ [Name(s) of Successor Trustee(s)]

2. Amendment

The Grantor hereby amends the Trust as follows:

_____ [Insert specific provisions to be amended, replaced, added, or removed. Be specific, e.g., “Section 3.2 regarding successor trustees is hereby deleted in its entirety and replaced with the following...”]

If any provision of the original Trust conflicts with this Amendment, this Amendment shall control.

3. Continuity of Trust

Except as expressly amended herein, all other terms, provisions, and conditions of the Trust shall remain in full force and effect. This Amendment shall be read and construed as one with the original Trust.

4. Governing Law

This Amendment shall be governed by and construed in accordance with the laws of the State of _____ [Specify State].

5. Signatures

IN WITNESS WHEREOF, the Grantor has executed this Amendment on the date first written above.

[Signature of Grantor]
_____ [Printed Name of Grantor]

Acknowledgment by Notary Public

State of _____ [State]
County of _____ [County]

On _____ [Date], before me, _____ [Name of Notary], a Notary Public in and for said State, personally appeared _____ [Name of Grantor], personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the above instrument and acknowledged to me that they executed the same in their authorized capacity.

WITNESS my hand and official seal.

Notary Public Signature

My Commission Expires: _____ [Date]

Optional Witness Signatures (if required by your state)

[Signature of Witness 1]
_____ [Full Name of Witness 1]
_____ [Address of Witness 1]

[Signature of Witness 2]
_____ [Full Name of Witness 2]
_____ [Address of Witness 2]

Attachment (if necessary):
☐ Additional pages attached outlining amended provisions in detail.

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