

AMENDMENT TO LIVING TRUST

Name of Grantor: [FULL NAME]

Address of Grantor: [street address]
[city, state, zip]

Social Security Number: [SS#]

Date of Amendment: [date]

By this present instrument I intend to amend my living trust in the manner set out below:

[The following can be used to add gifts to charitable donations: I intend to make a gift to [charitable organization] to be paid from my assets after my death. This gift will be effective only at the date of my death, [charitable organization] is tax-exempt or qualified under the Internal Revenue Code. My gift will be effective only if the gift qualifies for a charitable deduction for my estate (but if the gift does so qualify, the gift will be made to the organization and it receives a tax benefit from the deduction). I give as a specific bequest a sum of [] to [charitable organization] the following:

\$ _____, as a single lump sum gift; [OR]

\$ _____% of the residuary of my estate or [] of my net estate, but before the payment of my estate taxes for other than [] if []

I direct that the trustee of this gift to my death as soon as is administratively convenient. The gift may be made in cash or other property, as my trustee deems to be in the best interests of the state or trust.

In the event [charitable organization] does not exist on the date of my death, then the gift shall be made to the tax-exempt organization which receives the gift under the instrument shall be made to the first of the preceding sentence, or a mere change in place or form of organization, or a change in name, shall not defeat this gift, but the gift will be made to the charitable organization which is qualified for its successor, if it is qualified.

IN WITNESS WHEREOF the undersigned has executed this instrument.

Signature: _____

Date of signing: _____

The following three witnesses were present when the instrument was signed and observed that the person signing the instrument did so freely and voluntarily and that he or she was mentally competent and not under any form of compulsion to sign.

Print Name: _____

Address: _____

Print Name: _____

