

TRUST VERIFICATION FORM

Please complete the following information for each independent trustee that currently maintains consumer trust funds on behalf of the funeral home or cemetery. Additional forms may be found on our website – <http://www.ioc.state.il.us/>.

_____, License No. _____, certifies that consumer trust
Licensee Name

funds are maintained with the following licensed corporate fiduciary _____

Financial Institution Name & Address

Attached is a copy of the fully-executed trust agreement with this institution.

Date: _____

Signature: _____

Subscribed and sworn to before me in _____ County, in the State of Illinois by the
said _____ who personally appeared before me in the aforesaid County and State, this
_____ day of _____, 20__.

Notary Seal

Notary Public

My commission expires