

ADAMS COUNTY  
PLANNING AND ZONING DEPARTMENT  
P. O. Box 187  
Friendship, WI 53934

www.co.adams.wi.gov  
Phone: (608) 339 - 4222  
Fax: (608) 339 - 4504  
Hours: 8:00 am. - 4:30 pm.

### TRUST INFORMATION

**Property Location:**

\_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec. \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ E  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_  
Subdivision or CSM \_\_\_\_\_  
Address \_\_\_\_\_  
Town of \_\_\_\_\_

**OFFICE USE ONLY:**

File #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Computer #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
County Zoning District: \_\_\_\_\_  
Shoreland Zoning District: \_\_\_\_\_  
FIRM / Flood Study Zone: \_\_\_\_\_  
Airport Height Zoning: \_\_\_\_\_

**Trustee Information:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Beneficiaries:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

\_\_\_\_\_ being first duly sworn on oath deposes and states he/she read the  
(Trustee Name Printed) above and foregoing disclosure of beneficiaries of a land trust by him subscribed,  
knows the contents thereof and that the same are true and correct.

Trustee Signature: \_\_\_\_\_

County of Adams  
State of Wisconsin

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public

My Commission expires: \_\_\_\_\_