

2	Date:
First Nations Bank F/K/A	FNBW Bank
You are hereby authorize	d and directed to execute and deliver TRUSTEE'S DEED, in your capacity as
trustee under your trust r	numberas follows:
Date of Trustee's Deed	
Names of Grantees	
As Joint Tenants by the E	ntirety*?YesNo (*for homestead property only)
Address of Grantees	
Consideration to be show	n in deed \$
Actual Consideration \$	
After this conveyance wil	l other property remain in the trust?YesNo.
Close Trust <u>Yes</u> No	•
	this trust after this conveyance, this direction must be accompanied by compensation due under the Trust Agreement including the fee for this
LEGAL DESCRIPTION:	
Street Address:	
Alta Statements, Pay Pro	ceeds payable to:
Subject to: General Taxes and easements of records	s forand subsequent years; covenants, conditions, restrictions s; building lines; and to:
accept, ratify and confirm any and all claims or dem to the property conveyed	ecution and delivery of said Trustee's Deed, the undersigned does hereby a all of the acts of First Nations Bank F/K/A FNBW Bank, as Trustee from ands, which the undersigned now has or may have concerning or relating , specifically declaring any and all liability and responsibility arising out of ow determined and ceased.
	y is being executed by holders of the power of direction being less than all en the signers above represent and warrant that all the beneficiaries of this
Deliver Deed to:	Beneficiaries
	X
	X
State of Illinois County of)) SS
County of)
	ary Public in and for said County, in the state aforesaid, DO HEREBY
	me persons whose names are subscribed to the foregoing instrument, day in person and acknowledged that they signed and delivered the said

Given under my hand and Notarial Seal this _____day of _____20____.

RECEIVED above described Document(s) this _____day of _____20____.

If the Land Trust contains an Assignment, the Consent of the Collateral Assignee must be obtained prior to the delivery of this document to the Trustee.

Consented to By Collateral Assignee:

By: Title:

IF THIS DIRECTION IS EXECUTED BY LESS THAN ALL OF THE BENEFICIARIES OF THE TRUST, THE FOLLOWING AFFIDAVIT MUST BE EXECUTED.

State of Illinois)) SS County of _____)

The undersigned, being first duly sworn on oath, depose and say that ____he___has/have the power of direction under Land Trust Number_____of First Nations Bank F/K/A FNBW Bank and that all of the beneficiaries of this trust are now living except:

Subscribed and sworn to before me this _____day of _____20____.

Notary Public