



Trust & Wealth  
Management  
22 South Fourth Street  
Geneva, IL 60134  
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## LAND TRUST APPLICATION

When accepting responsibility to act as Trustee under a Land Trust, The State Bank of Geneva will only do so with its own forms of Trust Agreement and Deed in Trust, copies of each of which are included with this Application.

Any of the designations made in this Application may/will establish, encumber, effect, alter and/or otherwise impact actual and/or beneficial ownership of the Trust property, and as such, any applicant is advised to consult with an independent attorney to discuss the legal implications and ramifications of filling out the information on this Application and executing the Trust Agreement and any documentation appurtenant thereto. The State Bank of Geneva, including its employees (including attorneys employed thereby), is not authorized to practice law for the purpose of assisting any person in regard to this Application, any Trust Agreement, Deed in Trust, or any documentation appurtenant thereto. Accordingly, The State Bank of Geneva cannot accept any responsibility for any consequences of such designations as you may furnish in these documents.

**We suggest, therefore, that the Trust Agreement and Deed in Trust be completed for you in all respects by your attorney.**

1. Applicant: Individual Name: \_\_\_\_\_  
 Entity Name (e.g., Trust, Corporation, etc.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Beneficiary Designation:

Full Name	Address	Date of Birth	SSN	Telephone #	%	Type <sup>1</sup>	Order <sup>2</sup>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

3. Power of Direction Designation:

Full Name	Address	Date of Birth	SSN	Telephone #	Direction <sup>3</sup>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Direct written inquiries, legal notices and other similar matters to (name, address, phone):  
 \_\_\_\_\_

<sup>1</sup> Joint Tenants, Tenants in Common  
<sup>2</sup> Primary, Secondary  
<sup>3</sup> Joint (all must direct), Several (any may direct)

5. Direct tax bills and Land Trust invoices to (name, address, phone):

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6. The following name(s) and contact information should be provided to any person making an oral inquiry:

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7. Provide the following information for EACH PARCEL being placed into the Trust:

a. Parcel Identification Number (PIN): \_\_\_\_\_ County: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Improved: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How<sup>4</sup>: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ How determined: \_\_\_\_\_  
Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Taxes Paid to Date: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain: \_\_\_\_\_  
Liquor or Cannabis Sales on premises? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature<sup>5</sup>: \_\_\_\_\_  
Liquor Liability Insurance in effect? Yes \_\_\_\_\_ No \_\_\_\_\_ Company/Policy #: \_\_\_\_\_

b. Parcel Identification Number (PIN): \_\_\_\_\_ County: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Improved: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How<sup>4</sup>: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ How determined: \_\_\_\_\_  
Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Taxes Paid to Date: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain: \_\_\_\_\_  
Liquor or Cannabis Sales on premises? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature<sup>5</sup>: \_\_\_\_\_  
Liquor Liability Insurance in effect? Yes \_\_\_\_\_ No \_\_\_\_\_ Company/Policy #: \_\_\_\_\_

c. Parcel Identification Number (PIN): \_\_\_\_\_ County: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Improved: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How<sup>4</sup>: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ How determined: \_\_\_\_\_  
Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Taxes Paid to Date: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain: \_\_\_\_\_  
Liquor or Cannabis Sales on premises? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature<sup>5</sup>: \_\_\_\_\_  
Liquor Liability Insurance in effect? Yes \_\_\_\_\_ No \_\_\_\_\_ Company/Policy #: \_\_\_\_\_

**ENVIRONMENTAL COVENANTS**

Beneficiary(ies) and Holder(s) of Power of Direction covenant(s) and agree(s) that they will not cause or allow any real estate to be conveyed to, or held by, the Trustee upon which any nuisance, environmental hazard, toxic material, radioactive material or other noxious materials are stored or otherwise exist. Beneficiary(ies) and Holder(s) of Power of Direction shall hold Trustee harmless and shall defend and indemnify it from any and all loss, claims, actions, judgments, demands, costs of suit and attorneys' fees which Trustee may incur by reason of the violation of the forgoing covenants. The Trustee shall be under no duty to inquire as to any environmental matters affecting any real estate held by the Trustee. No deed, instrument or other document executed or accepted by the Trustee shall constitute any representation or warranty by Trustee as to any environmental matter.

Signature of Person completing this Application: \_\_\_\_\_ Date: \_\_\_\_\_  
If different from the person in #1 above, provide written name and state relationship to the Applicant:

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<sup>4</sup> Single family detached residence, Single family attached residence (condo, townhouse, duplex, etc.), Apartment building (indicate # of units), Mixed Use building (provide details), Commercial building (provide details), Industrial building (provide details), Other (provide details).

<sup>5</sup> Restaurant, Tavern/Bar, Retail Sales, Private Club.