

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:

_____ 1/4 _____ 1/4 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: _____

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_____ 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____

_____ My Commission expires: _____
Notary Public