

JURAT

State/Commonwealth of _____ }
County of _____ } ss.

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by

Date

Month

Year

(1)

Name of Signer #1

(2)

Name of Signer #2

Signature of Notary Public

Place Notary Seal and/or Any Stamp Above

Other Required Information (Printed Name of Notary, Residence, etc.)

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

**RIGHT THUMBPRINT
OF SIGNER #1**

Top of thumb here

**RIGHT THUMBPRINT
OF SIGNER #2**

Top of thumb here