



State of \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Said State

By signing this form, I declare that I signed this form in the presence of the other witness and the Declarant and I witnessed the signing by the Declarant or other person acting on the Declarant's behalf at the direction of and in the presence of the Declarant.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Witness

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Witness

\_\_\_\_\_  
Type or Print Name of Witness

\_\_\_\_\_  
Type or Print Name of Witness

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code