

TO: _____

Signature above – NAME (printed)

DATED: _____

Witness signature above – NAME printed

Before me, a notary public, in said county and state, the claimant and witness

_____ **above did personally appear before me and
affix his/her signature to this document.**

My Commission expires: _____

Signature of Notary

My County of Residence is: _____

Notary's name printed

Notary License # _____

This document was notarized in _____ **County.**

**I swear or affirm under the penalties for perjury that I have taken reasonable care to
redact each social security number in this document, unless required by law.**

Date: _____

Signature

Print Name

This instrument was prepared by:

Name: _____

Street Address: _____

City, State, Zip: _____