

CERTIFICATE OF ACKNOWLEDGEMENT FOR A PERSON WHO IS UNABLE TO WRITE. SIGNATURE BY MARK (X).

City/County of _____
State/Commonwealth of _____

On this _____ day of _____, 20____, before me
_____ a Notary Public in and for said
State / Commonwealth, personally appeared before me

_____ known to me to
be the person, who being unable to write, request and in his/her presence on
the within _____ (type of document) and he/she acknowledged to me and
the two witnesses who have signed and printed their names and addresses
hereto, that he/she made his/her mark for the purposes therein stated.

Witness my hand and official seal:

Notary Public:

My commission expires:

(Signature of 1st Witness)

(Printed Name of 1st Witness)

(Address of 1st Witness)

(Signature of 2nd Witness)

(Printed Name of 2nd Witness)

(Address of 2nd Witness)

This certificate is attached to a ___page document dealing with/entitled _____ and dated _____, _____