WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:	
Witness Signature Witness Name (must be typed / printed)	
PROOF: STATE OF INDIANA	
Before me, a Notary Public in and for said County and State, on DATE, personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Grantor / Signor / Principal Name to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Grantor / Signor / Principal Name execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.	
NOTARY PUBLIC	NOTARY SEAL / STAMP Requirements: Notary Name exactly as Commission Notary Public - State of Indiana Seal My Commission Expires: Commission No
Property Address: REQUIRED on Deed / Conveyance Grantees Address and Tax Mailing Address: REQUIRED on Deed / Conveyance	
I 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. PREPARER'S NAME	

Instrument prepared by: PREPARER'S NAME and contact information

Proof of Execution Certificate by Witness: