

NEVADA SIGNATURE BY THIRD PARTY ACKNOWLEDGMENT

State of Nevada }
County of _____ } ss.

This instrument was acknowledged before me on _____, 20_____,
Month Day Year

_____, who directed that his or her signature be
Name of Person Physically Unable to Sign Document

affixed to the above instrument by _____.
Name of Person Directed to Sign Document

Signature of Notary Public

Place Notary Seal/Stamp Above

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

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Signer(s) Other Than Named Above: _____