

IN WITNESS WHEREOF, the said Grantor(s) have executed this right-of-way easement this _____ day of _____, 20__.

GRANTOR (signature)

GRANTOR (signature)

GRANTOR (print name)

GRANTOR (print name)

STATE OF INDIANA)
)
COUNTY OF _____)

Before the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 20__, personally appeared _____, who acknowledged the execution of the foregoing document to be his/her free and voluntary act and deed.

WITNESS my hand and notarial seal.

Notary Public

My Commission Expires: _____

Resident of _____ County

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.

NAME

This instrument was prepared by: Edward F. McCrea, McCrea & McCrea, 119 South Walnut Street, Post Office Box 1310, Bloomington, Indiana 47402.

PLEASE HAVE THIS FORM NOTARIZED AND THEN TAKE TO COUNTY RECORDER'S OFFICE TO BE RECORDED