

VERIFICATION ON OATH OR AFFIRMATION WITH AFFIANT STATEMENT

State of Michigan } ss.
County of GENESEE

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

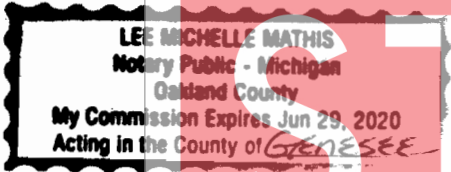
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

Subscribed and sworn to (or affirmed) before me
this 24th day of June, 2016, by
Date Month Year

This Document is the property of Bradley A. Bureau
the Lake County Recorder Name of Signer No. 1

No other Signer.

Name of Signer No. 2 (if any)



Lee Michelle Mathis
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Residence, Expiration Date, etc.)

Completing this section is not required, but this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Limited Liability Company Warranty Deed

Document Date: 6-24-2016 Number of Pages: Three

Signer(s) Other Than Named Above: No other Signer.

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Michigan
County of GENESEE } ss.

On this the 24th day of June, 2016, before me,
LEE MICHELLE MATHIS, the undersigned Notary Public,
Name of Notary Public
personally appeared Bradley A. Bureau,
Name(s) of Signer(s)

- personally known to me - OR -
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

This Document is the property of the Lake County Recorder!



Lee Michelle Mathis
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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