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Description of Document _____

ACKNOWLEDGEMENT FORM
For
SIGNATURE BY NOTARY
(for those unable to sign by reason of physical incapacity)

Signature affixed by _____, in the presence of the
(Printed Name of Notary Public)

following two witnesses:

Printed Name of Witness

Printed Name of Witness

Street Address of Witness

Street Address of Witness

City State Zip

City State Zip

Signature of Witness

Signature of Witness

State of Nebraska
County of _____

Acknowledged before me on this _____ day of _____, 20____, by
(Month)

(printed name of person acknowledged)

↑Affix Official Notary Seal here↑

Signature of Notary Public

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