

ACKNOWLEDGMENT

STATE OF _____ }
County of _____ } ss.
On this _____ day of _____, 19_____, before me personally appeared _____
_____ to me known to be the person _____ described in and who executed
the foregoing instrument and acknowledged that _____ executed the same as _____ free act and deed.
Given under my hand and seal this _____ day of _____, 19_____.
My Commission Expires _____ Notary Public.

ACKNOWLEDGMENT—MAN AND WIFE

STATE OF Wyoming. }
County of Sublette } ss.
On this 29th day of May, 1963, before me personally appeared George Franz
and Ruth Franz, husband and wife to me known to be the person^s described in and who executed
the foregoing instrument and acknowledged that they executed the same as their free act and deed, including the release
and waiver of the right of homestead; the said wife having been by me fully apprised of her right and the effect of signing and
acknowledging the said instrument.
Given under my hand and seal this 29th day of May, 1963.
My Commission Expires _____ Notary Public.

MONTANA INDIVIDUAL ACKNOWLEDGMENT

STATE OF _____ }
County of _____ } ss.
On this _____ day of _____, 19_____, before me _____
a notary public, personally appeared _____, known to me to be the
person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.
Witness my hand and official seal.
My Commission Expires _____ Notary Public within and for the State of _____
Residing at _____

8-62

THE BRADFORD-ROBINSON PEO. CO., DENVER

When recorded return to

By _____

Deputy.

County Clerk—Register of Deeds.

of this office.

in Book _____ Page _____

at _____ o'clock, _____ M., and duly recorded

day of _____, 19_____,

This instrument was filed for record on the

State of _____

County _____

ss.

TO

OIL AND GAS LEASE
FROM

No.

COLORADO ACKNOWLEDGMENT

STATE OF _____ }
County of _____ } ss.
The foregoing instrument was acknowledged before me this _____ day of _____, 19_____, by _____

WITNESS my hand and official seal.
My Commission Expires _____ Notary Public.

P. O. _____