(1) For an acknowledgment in an individual capacity:

State of Delaware County of_____

This instrument was acknowledged before me on ____ (date) by _____ (name(s) of person(s)).

(Seal, if any)

Signature of notarial officer

Title (and Rank) My commission expires:_____

(2) For an acknowledgment in a representative capacity:

State of Delaware County of_____

This instrument was acknowledged before me on ____ (date) by _____ (name(s) of person(s)) as _____ (type of authority, e.g., officer, trustee, etc.) of _____ (name of party on behalf of whom the instrument was executed.

(Seal, if any)

Signature of notarial officer

Title (and Rank) My commission expires:_____

(3) For a verification upon oath or affirmation:

State of Delaware County of_____

Signed and sworn to (or affirmed) before me on _____ (date) by _____ (name(s) of person(s) making statement).

(Seal, if any)

Signature of notarial officer

Title (and Rank) My commission expires:_____

(4) For witnessing or attesting a signature:

State of Delaware County of_____

Signed or attested before me on _____ (date) by _____ (name(s) of person(s)).

(Seal, if any)

Signature of notarial officer

Title (and Rank) My commission expires:_____

(5) For attestation of a copy of a document:

State of Delaware County of_____

_____·

I certify that this is a true and correct copy of a document in the possession of

(Seal, if any)

Signature of notarial officer

Title (and Rank) My commission expires:_____