Southside Settlements, Inc.
Tax ID # **09-xxxxxxx**

This Deed is Between Husband and Wife and is Exempt from Transfer and Recordation Taxes.

This Deed, made this _____ day of _____, 20__, by and between **John Doe, Jr.**, GRANTOR, and **John Doe, Jr.** and **Jane Doe**, GRANTEES.

Witnesseth –

That in consideration of the sum of No and 00/100 Dollars ($.00), which includes the amount of any outstanding Mortgage or Deed of Trust, if any, the receipt of which is hereby acknowledged, the said Grantor does hereby grant and convey to the said Grantees, as tenants by the entirety unto the survivor of them, his or her heirs and assigns, in fee simple, all that lot of ground situate in the Somerset County, State of Maryland and described as follows, that is to say:

> All that lot of ground situate in Somerset County, Maryland and described as follows, that is to say:
>
> Being known and designated as Lot A9, Section I, in a subdivision known as "The Heritage at Somerset County" as per plat thereof recorded in Plat Book 00, at Plats 23900-244900 among the Land Records of Somerset County, Maryland.
>
> Being the same lot of ground which by deed dated November 7, 2023 and recorded November 14, 2023 among the Land Records of Somerset County, Maryland in Liber 00000 folio 999 was granted and conveyed by Thomas Sample and Mary Sample unto John Doe, Jr.
>
> Being also the same lot of ground which by deed dated May 31, 2011 and recorded June 28, 2011 among the Land Records of Somerset County, Maryland in Liber 0000 folio 00 was granted and conveyed by U.S. Home Corporation unto Thomas Sample and Mary Sample, as tenants by the entirety.

Together with the buildings and improvements thereon erected, made or being; and all and every, the rights, alleys, ways, waters, privileges, appurtenances and advantages thereto belonging, or in anywise appertaining.

To Have and To Hold the said tract of ground and premises above described and mentioned, and hereby intended to be conveyed, together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper use and benefit of the said John Doe, Jr. and Jane Doe, as tenants by the entirety unto the survivor of them, his or her heirs and assigns, in fee simple.

And the Grantor hereby covenants that he has not done or suffered to be done any act, matter or thing whatsoever, to encumber the property hereby conveyed; that he will warrant Specially the property hereby granted; and that he will execute such further assurances of the same as may be requisite.

In Witness Whereof, Grantor has caused this Deed to be properly executed and sealed the day and year first above written.

_____ _____(SEAL)
John Doe, Jr.

STATE OF MARYLAND }
COUNTY OF _____ } ss

I hereby certify that on this day of _____ 20_____ , before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared John Doe, Jr., known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged the same for the purposes therein contained, and further acknowledged the foregoing Deed to be his act, and in my presence signed and sealed the same, giving oath under penalties of perjury that the consideration recited herein is correct.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____
Notary Public

My Commission Expires: _____

THIS IS TO CERTIFY that this was prepared by John Doe, Jr., one of the parties to the instrument.

_____
John Doe, Jr.

AFTER RECORDING, PLEASE RETURN TO:
John Doe, Jr
0000 Sample Ridge Lane
Sample City, MD 00000

WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY (SPOUSAL CONSENT FORM)

Employer Plan: **108208 — DC 401(a) Retirement Plan**

Both Married and Single Participants Must Complete

1. PARTICIPANT INFORMATION

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___
(FOR TAX-REPORTING PURPOSES)

Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___

Daytime Phone Number: (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___

Participant: *LAST NAME* _____

FIRST NAME/MI _____

Mailing Address/Street:

_____

_____

City: _____

State: ___ ___ ZIP+4: ___ ___ ___ ___ ___ – ___ ___ ___ ___

Email Address: _____

2. SPOUSE SIGNATURE AND CONSENT

Signature of Participant's Spouse:

_____

Name (Please Print): _____

Date: ___ ___ /___ ___ /___ ___ ___ ___

3. PARTICIPANT CERTIFICATION

To be completed by single participant.

I certify that I am single.

Signature of Participant:

_____

Name (Please Print): _____

Date: ___ ___ /___ ___ /___ ___ ___ ___

4. WITNESS — *AUTHORIZED PLAN REPRESENTATIVE OR NOTARY PUBLIC*

The signature of the participant's spouse must be witnessed by an authorized representative of the employer-sponsored retirement plan or a notary public.

Employer Plan Representative

Signature of Employer:

_____

Title: _____

Name (Please Print): _____

Date: ___ ___ /___ ___ /___ ___ ___ ___

Subscribed and sworn to before me this _____ day of

_____, 20 ___ ___.

Notary Public:

_____

My commission expires: ___ ___ /___ ___ /___ ___ ___ ___

SEAL

FRM000-129-34040-201610-C2939 REV 06/2018

HOW WOULD YOU NOTARIZE THIS DOCUMENT? LET'S DISCUSS ON THURSDAY, 10/26/2023.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for <u>each</u> owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I Mary Jane Signer (full name printed), swear or affirm under penalty of law that I am Secretary (title) of the applicant firm Morgan Corporation and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract, subcontract, concession lease or sublease, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding $1.32 million, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

☒ Female ☐ Black American ☐ Hispanic American
☐ Native American ☐ Asian-Pacific American
☐ Subcontinent Asian American ☐ Other (specify)

_____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed $1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature *Mary Jane Signer* 10/99/9999
(DBE/ACDBE Applicant) (Date)

<u>NOTARY CERTIFICATE</u>