



DOCUMENT CERTIFICATION FORM

SECTION 1 — DOCUMENT INFORMATION

Document Title / Description: _____

SECTION 2 — CERTIFICATION

I certify that this is a true and correct copy of the original document.

Signature: _____

Date: _____

Witness 1 Name: _____

Witness 1 Signature: _____

Witness 2 Name: _____

Witness 2 Signature: _____

SECTION 4 — NOTARY CERTIFICATION

State of Missouri

County of Jackson

I certify that this is a true, correct, and complete copy of the original document presented to me.

Notary Public Seal

Notary Signature

Printed Name

My Commission Expires
