

TO BE COMPLETED BY ASSIGNOR(S) A.K.A. SELLER(S)

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and sign the certification. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) Individual(s) Husband & Wife
 Corporation Ltd. Liability Co. Partnership Ltd. Partnership Estate Trust
 Joint Venture Municipality Political Subdivision Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to transact business in the State of Arizona? Yes___ No___
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes___ No___
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes___ No___
 If no, state the Legal Corporate Name: _____

Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes___ No___
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes___ No___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes___ No___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this limited partnership on file with the Arizona Secretary of State? Yes___ No___
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

_____ (Name of Corporation, Partnership, etc.)	_____ Signature of Assignor (Individual, Trustee, Personal Representative, etc)
_____ Signature	_____ Signature of Assignor (Individual, Trustee, Personal Representative, etc)
_____ Title	

(Signatures must be notarized on page 2)

**ASSIGNOR(S) A.K.A. SELLER(S)
NOTARY ACKNOWLEDGMENT**

STATE OF ARIZONA)
) ss.
County of _____)

On this _____ day of _____, 20____ before me, a Notary Public within and for said
County, personally appeared _____

and known to me to be the person(s) described in and who executed the same as _____ free act and deed.
(his/her/their)

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

My Commission Expires: _____
Notary Public

STATE OF ARIZONA)
) ss.
County of _____)

On this _____ day of _____, 20____ before me, a Notary Public within and for said
County, personally appeared _____

and known to me to be the person(s) described in and who executed the same as _____ free act and deed.
(his/her/their)

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

My Commission Expires: _____
Notary Public

TO BE COMPLETED BY ASSIGNEE(S) A.K.A. BUYER(S)

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- | NAME | AGE | MARITAL STATUS |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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- | NAME | ADDRESS | AGE | MARITAL STATUS |
|-------|---------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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- | GENERAL PARTNER(S) NAME | BUSINESS ADDRESS |
|-------------------------|------------------|
| _____ | _____ |
| _____ | _____ |

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(Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:
- | NAME | ADDRESS | AGE | MARITAL STATUS |
|-------|---------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

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SIGNATURE(S)

 (Name of Corporation, Partnership, etc.) Signature of Assignee (Individual, Trustee, Personal Representative, etc)

 Signature Title Signature of Assignee (Individual, Trustee, Personal Representative, etc)

(Signatures must be notarized on page 4)

