*Basic information regarding the use of acknowledgements: Use the form of acknowledgement prescribed by the state in which the instrument will be recorded regardless of the location or residence of the signing party (acknowledging person).*

**MISSISSIPPI**

I. Individual

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name or names of person or persons acknowledging), who acknowledged that he/she/they executed the above and foregoing instrument.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Person as principal acting in representative capacity:

(For a public officer, trustee, executor, administrator, guardian, partner, agent & attorney-in-fact, or other representative)

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of representative), who acknowledged that he/she is the within named (title of representative) of (name of principal, trust, partnership, etc), and that in said representative capacity he/she executed the above and foregoing instrument, after first having been duly authorized so to do.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. For a corporation or limited liability corporation:

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of officer), who acknowledged that he/she is the within named (title of officer) of (name of corporation or LLC), a (state of incorporation) ­(corporation or limited liability company), and for and on behalf of the said (corporation or limited liability company), and as its act and deed he/she executed the above and foregoing instrument, after first having been duly authorized by said (corporation or LLC) so to do.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. For corporate general partner of a limited partnership

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of officer), who acknowledged that he/she is the within named (title of officer) of (name of corporation), a (state of incorporation) ­corporation, and general partner of (name of limited partnership), a limited partnership, and that for and on behalf of the said corporation as general partner of said limited partnership, and as the act and deed of said limited partnership, he/she executed the above and foregoing instrument, after first having been duly authorized by said corporation and said limited partnership so to do.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V. For corporate member of a member-managed limited liability company

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of officer), who acknowledged that he/she is the within named (title of officer) of (name of corporation), a (state of incorporation) ­corporation, and member of (name of limited liability company), a member-managed limited liability company, and that for and on behalf of said corporation as member of said limited company, and as the act and deed of said corporation as member of said limited liability company, and as the act and deed of said limited company, he/she executed the above and foregoing instrument, after first having been duly authorized by said corporation and said limited company so to do.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VI. For corporate manager of a manager-managed limited liability company

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of officer), who acknowledged that he/she is the within named (title of officer) of (name of corporation), a (state of incorporation) ­corporation, and manager of (name of limited liability company), a manager-managed limited liability company, and that for and on behalf of said corporation as manager of said limited company, and as the act and deed of said corporation as manager of said limited liability company, and as the act and deed of said limited company, he/she executed the above and foregoing instrument, after first having been duly authorized by said corporation and said limited company so to do.

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VII. Subscribing Witness:

STATE OF MISSISSIPPI §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_§

PERSONALLY appeared before me, the undersigned authority in and for the said County and State, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, within my jurisdiction, the within named (name of subscribing witness), one of the subscribing witnesses to the above and foregoing instrument, who, being first duly sworn, states that he/she saw the within named (name of person or persons acknowledging), whose name is/are subscribed thereto, sign and deliver the same to (name of lessee/grantee), and that the affiant subscribed his name as witness thereto in the presence of (name of person or persons acknowledging).

Witness (subscribing witness signs on this line)

(AFFIX SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public for State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIII. Military Acknowledgment

I, the undersigned (name of officer taking acknowledgment, do hereby certify that I am a commissioned officer in the active service of the (branch of service), of the United States of America, that my rank is (rank), that this certificate and acknowledgment is being taken at (City & Country where acknowledgment being taken) that there personally came and appeared before me, (Name of party executing document), a member of the Armed Forces of the United States, being an (Officer or enlisted man) of the United States (Branch of service) and that (Name of party executing document) was identified before me and personally acknowledged that he/she signed, executed and delivered the foregoing instrument of writing to which his/her name is attached on the day and year therein written as his/her act and deed.

Witness my signature this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

(AFFIX SEAL)

Signature of Officer taking acknowledgment

My commission expires: