

**STATEMENT OF MINERAL
CLAIM**

Document Number _____

(TYPE OR PRINT CLEARLY IN BLACK INK)

BY THIS INSTRUMENT, CLAIMANT(S), whose (name is) (names are):

AND whose address is:

Claims an interest in the minerals in the following described real estate in
_____ County, State of Wisconsin:

Recording Area

Name and Return Address

Parcel Identification Number (PIN)

Document No. _____, Volume _____ Page _____ of the instrument recorded on (date)
_____ created the interest in the minerals.

Dated this _____ day of _____, _____ (Year).

Signature _____

Signature _____

* _____

* _____

Signature _____

Signature _____

* _____

* _____

AUTHENTICATION or ACKNOWLEDGEMENT

The above named person(s) personally came before me on (date) _____

Signature of notary or other person authorized to administer an oath (as per 706.06, 706.07) _____

State of Wisconsin, County of _____ Print or type name _____

Title _____ Date commission Expires _____

This instrument was drafted by:

*Names of persons signing in any capacity must be typed or printed below their signature.

NOTE: A Wisconsin Real Estate Transfer Return is required for instruments that convey real property.