

**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:

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

Recording Area

Name and Return Address

Claims an interest in the minerals in the following described real estate in

\_\_\_\_\_ County, State of Wisconsin:

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.