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| Affidavit of Extinguishment of Mineral Interest | Project: | PROJECT # |
| Revised 5/2015 | Code: | CODE |
|  | Parcel: | PARCEL # |
|  | Page: | 1 of 2 |

AFFIDAVIT OF EXTINGUISHMENT OF MINERAL INTEREST

Now comes GRANTOR(S) OR THE NAME OF THE REPRESENTATIVE OF GRANTOR(S), Affiant(s)of GRANTOR COUNTY County, Indiana, residing at Address, being first duly sworn upon oath, and represent(s) as follows:

1. The undersigned Affiant(s) are the owner(s) of certain Subject Property located in COUNTY OF PROPERTY County, Indiana (hereinafter the “Subject Property”), more particularly described as follows, *to wit*:

SEE EXHIBIT “A” and as shown on EXHIBIT “B” ATTACHED HERETO AND INCORPORATED HEREIN.

The above property is sometimes referred to herein as the “Subject Property.”

1. The Subject Property was subject to the following Mineral Interests (as defined in I.C. 32-23-10-1).
   1. Reservation of \_\_\_\_\_\_\_\_\_\_\_ in a \_\_\_\_\_\_\_\_\_\_\_\_\_, which was recorded on      , as Instrument No.      .
   2. [Insert more if necessary]
2. The undersigned Affiant does hereby swear and affirm under penalties for perjury that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the holder of the Mineral Interests, has not:
   1. Produced minerals under the Mineral Interests;
   2. Conducted operations on the Mineral Interest for injection, withdrawal, storage, or disposal of water, gas, or other fluid substances;
   3. Paid rentals or royalties for the purpose of delaying or enjoying the use or exercise of the rights;
   4. Carried out a use described above on a tract with which the Mineral Interests may be unitized or pooled for production purposes;
   5. Produced coal or other solid minerals from a common vein or seam by the owners of the Mineral Interests; or
   6. Paid taxes on the Mineral Interests;

for a period of twenty (20) years or more.

1. Pursuant to I.C. 32-23-10-2, the Mineral Interests identified in paragraph 2, above, have been extinguished.

<< insert jurat(s) here - otherwise delete >>

Further Affiant(s) saith not.

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I hereby acknowledge the foregoing statements to be true and complete so far as known or so far as could with reasonable diligence be ascertained this day of , .

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|  |  | | |  |  | | |
| Signature |  | | | Signature |  | | |
|  |  | | |  |  | | |
| NAME of AFFIANT, IF APPLICABLE (or delete) | |  | | NAME of AFFIANT, IF APPLICABLE (or delete) | | |  | |
| Printed Name |  | | | Printed Name |  | | |
|  |  | | |  |  | | |
|  |  | | |  |  | | |
| Signature |  | | | Signature |  | | |
|  |  | | |  |  | | |
| NAME of AFFIANT, IF APPLICABLE (or delete) | | |  | NAME of AFFIANT, IF APPLICABLE (or delete) | |  | |
| Printed Name |  | | | Printed Name |  | | |

**STATE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**SS:**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

I, the undersigned, a Notary Public, in and for said County and State aforesaid, hereby certify that appeared before me this day in person and acknowledged that they signed, sealed and delivered such instrument as their free and voluntary act and deed for the uses and purposes set forth therein.

Witness my hand and Notarial Seal this  day of  ,  .

Signature

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.