AFFIDAVIT OF PARTNERSHIP ORGANIZATIONAL STATUS

The undersigned, being first duly sworn, deposes and states as follows:

The undersigned, being all of the partners in the General Partnership or all of the general partners in the Limited Partnership below named, being first duly sworn, depose(s) and say(s) that:

- 1. *Name*: _______ is the name of the partnership ("Partnership") that owns (or is the prospective owner) of the property ("Property") described in the above-referenced commitment ("Commitment") calling for a conveyance.
- 2. *Partnership agreement*. The Partnership's partnership agreement, if any, does not in any way limit the authority of the undersigned to authorize the conveyance of the Property and the undersigned are authorized to convey the Property called for in the Commitment.
- 3. *Authorization of partners.* The undersigned confirm that the undersigned are all of the partners in the Partnership, or all of the general partners if the Partnership is a Limited Partnership, and that by affirmative vote, approval or consent, the undersigned have authorized the conveyance of the Property in accordance with the partnership agreement, if any.
- 4. *Authorization to close:* The following person has been given the authority to sign all documents needed to close the conveyance called for in the Commitment: ______.
- 5. *Dissolution*. Nothing has occurred by which the Partnership has been dissolved.
- 6. *Indemnity.* The undersigned understand(s) that Stewart Title Guaranty Company and it agents (collectively, "Companies") shall rely upon these statements and representations to issue its title insurance policy or policies pursuant to the Commitment. I/we agree to indemnify the Companies from and against any loss or damage caused by misrepresentations, inaccuracies and/or omissions arising in connection with the statements and representations set forth herein, created, suffered or agreed to by the undersigned and not disclosed in writing to the Companies by this affidavit, plus any costs, expenses, damages or liability, including attorneys' fees, arising from the enforcement of this indemnification.

| Dated this | day of | , | 20 |
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[signature]

[print name and title]

[signature]

[print name and title]

STATE OF WISCONSIN

}
} SS.
}

COUNTY OF

*

Notary Public, State of Wisconsin

My Commission: