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Sworn to before ?		•		BARBARA ARVAY		
October	, A.	D. 19.58	*	(Witness)		
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This is to certify that:	Assistant					
This is to certify that:  1. I, the undersigned	Assistant ed, am/Secretary of	METROPO	LITAN LIFE INS	URANCE COMPANY		
1. I, the undersigned	ed, am/Secretary of					, ed to
1. I, the undersigned	ed, am/Secretary of ation which contem	poraneously wit	h the execution h	nereof, executed	and delivere	
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- (b) Delete words in parentheses (\*) unless evidence afforded by Exhibit A has been recorded previously. If previously recorded in county where hereindescribed land is situated, fill blanks at (\*) and strike out underscored words preceding (\*) and all of Exhibit A.
- (c) Draw line through inapplicable statement (7, 5) of Exhibit A.

  \*Note 2.—Print, typewrite, or stamp names of persons executing this instrument, also names of witnesses and notary public immediately underneath such signatures.