|         | STATE OF VIRGINIA )  RENUNCIATION OF DOWER  COUNTY OF ARLINGTON )               |
|---------|---|
|         | I, Edward S. Whitaker , do hereby certify unto all whom                         |
| ;<br>;  | it may concern that Mrs. Alange from the wife of the within                     |
|         | named John T. Huff did this day appear before me, and upon being privately      |
|         | and separately examined by me, did declare that she does freely voluntarily     |
| j       | and without any compulsion, dread or fear of any person, or persons whomsoever, |
|         | renounce, release and forever relinquish unto the within named Elizabeth        |
|         | Davidson, her heirs and assigns, all her interest and estate, and also all      |
|         | her right and claim of Dower of, in or to all and singular the Premises within  |
|         | mentioned and released.   |
|         | CHUEN under my hand and good  |
|         | this 11 day of March A.D., 1966 Just Read Huff                                  |
| :       | Notary Public for Arlington County  |
|         | My commission expires 6/17/68   |
|         | HARTIN HUFF UNMARRIED   |
| no wife | STATE OF  |
|         | I,, do hereby certify unto all whom   |
|         | it may concern that Mrs the wife of the   |
|         | within named Wartin Huff did this day appear before me, and upon being private- |
|         | ly and separately examined by me, did declare that she does freely voluntarily  |
|         | and without any compulsion, dread or fear of any person, or persons whomsoever  |
|         | renounce, release and forever relinquish unto the within named Elizabeth        |
|         | Davidson, her heirs and assigns, all her interest and estate, and also all her  |
|         | right and claim of Dower of, in or to all and singualr the Premises within      |
|         | mentioned and released.   |
|         | GIVEN under my hand and seal this   |
|         | day ofA.D., 1965  |
|         | (I.,S.)   |
|         | Notary Public for   |

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