Wyoming Certified Land Corner Recordation Certificate

This form is to be completed in accordance with W.S. 36-11-101, printed in black ink or typed, and shall be for one individual corner.

Describe below, or show in sketch attached to this form, the corner evidence found. Include condition and type of monument, accessories and ties. Describe any maintenance or rehabilitation performed. In the circle to the right, show monument inscription. If monument is determined lost or obliterated, restate the GLO or BLM original field note record; describe or show the procedure used to reestablish the corner and all data as above for a found monument.

Field Date _____ Office Reference 250Z

EVIDENCE FOUND: SANDSTONE BADLY AND DETERIORATED APPROX. 16"x 14" X 4.

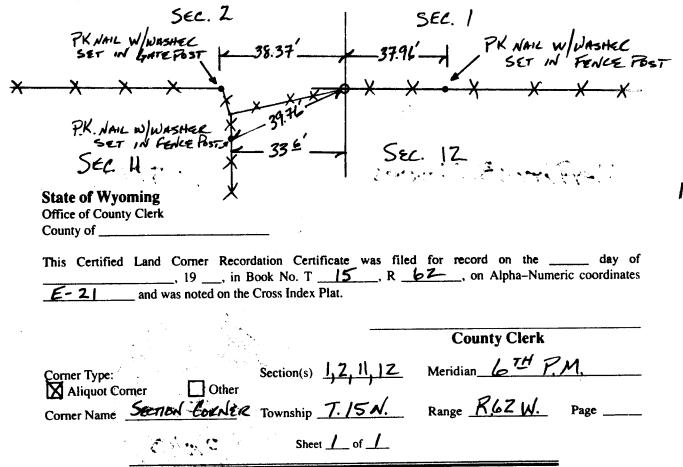
REMNANTS OF WOOD STAKE ON NORTH SIDE.

GLO RECORD: 18"x 10"x 9" SANDSTENE.

MONUMENT SET: SET A 31/4" ALLIMINUM CAP W/36"X Z" ALLIMINUM PIPE STAMPED AS SHOWN ABOJE.

REFERENCE POINTS SET: SET P.K. NAILS W/WASHER STAMPED PLS 5910
AS SHOWN IN SKETCH.

LOCATION SKETCH

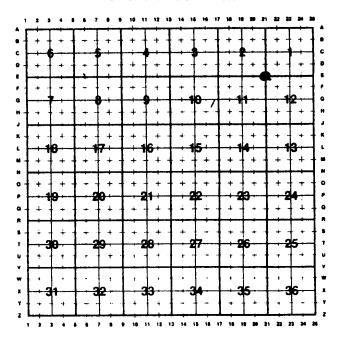


Directions for using the Cross Index Plat

Section, quarter and sixteenth corners will be marked with a dot at the corner location. The alpha-numeric coordinate number is then determined for the intersection of the two lines. A corner that applies to two or more townships shall be filed under all that apply by the use of photo copies.

Closing corners will be indexed under the township in which they control ownership. For ¹/64, ¹/256, ¹/1024 and non-aliquot corners lying between grid designations, mark the appropriate grid area with a dot and use the index code to the north and west (local systems may be used if the method is approved by the County Surveyor or Clerk and a written description of its use is filed in the front of each book of certificates).

Cross Index Plat



State Plane Coordinates (optional)

Zone	W	WC	EC	E	feet/meters	
☐ NAD 1927			□NGV	/D 1929	☐ NAD 1983	☐ NAVD 1988
North (Y) =			East (X) =			EL =
Latitude					Longitude	
Scale Factor					Geoid Height	

Certification

1. Jeffra	yB, Joves
that I, or others under	ny supervision, have performed the work as described above and completed this form.
'Company or Agency	INTERMOUNTAIN PROFESSIONAL SERVICES, INC.
Mailing Address	1816 CENTRAL AVENUE
Street Address	
City, State, ZIP	CHEYENNE, WYOMING 82001
Telephone, FAX	PH. 307-632-3138 FAX 307-632-3194

