

ADDENDUM TO BOAT SLIP LICENSE

By this Addendum, undersigned Licensor and Licensee agree as follows:

1. If Licensee notifies LECD in writing that they do not intend to use the dock, LECD may rent the dock to another Freeholder for that year. Licensee shall not forfeit the "paid up" status by this notification for LECD.
2. The substitute Freeholder must sign a "Boat Dock License" and pay the sum of Three-Hundred Dollars (\$300.00) to LECD. The license fee may be prorated for licenses of less than 1 year.
3. The term of 1 year shall begin May 1, _____ and end on April 30, _____.

LICENSOR

LICENSEE

Lake Edgewood Conservancy District

By: _____

By: _____

Printed: _____

Printed: _____

Lot Number _____

Title: _____

Mailing Address:

LICENSEE

By: _____

Printed: _____

Lot Number: _____

Mailing Address:

EXECUTED AND DELIVERED in my presence:

(Witness Signature) _____

(Printed Name) _____

STATE OF INDIANA)

)SS:

ACKNOWLEDGMENT

COUNTY OF MORGAN)

Before me, a Notary Public, in and for said County and State, personally appeared _____ and _____, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn stated that the representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, 20____.

(Signature)_____

(Printed)_____

County of Residence:_____

My commission expires:

STATE OF INDIANA)
)SS:
COUNTY OF MORGAN)

Before me, a Notary Public in and for said County and State, personally appeared _____, Witness, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by _____ and _____, Licensee, in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

(Signature)_____

(Printed)_____

County of Residence:_____

My commission expires:

I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

(Signature) _____

(Printed) _____

This Instrument Prepared by Mark Peden, Attorney at law, FOLEY PEDEN & WISCO, P.A., 60 E. Morgan St., P. O. Box 1435, Martinsville, IN 46151 (765) 342-8474