

Equity Professional Practices Inc.  
Tel: 828-324-0710  
Fax: 828-324-0700

## **CONSENT OF SPOUSE**

\_\_\_\_\_ spouse of \_\_\_\_\_, do hereby consent and agree that my spouse may sign any and all documents necessary to list for sale and to close the business transaction involving \_\_\_\_\_ including security interests.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed,

\_\_\_\_\_