

Jurat With Affiant Statement

If no other format is prescribed, this certificate may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The text space provided (lines 1–6) is available for a document signer to type or neatly print (in ink) a written statement. This portion of the certificate should *not* be completed by the Notary. A person completing any of lines 1–6 must sign this form on line 7 in the presence of the

Notary, who would also administer an oath or affirmation.

If this jurat is to be attached to another document, then the Notary should cross out lines 1–7. The signer would affix a signature on the attached document, not on this certificate, in the Notary's presence.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

1 & 2 NAME OF STATE & NAME OF COUNTY where Notary performs notarization.

3 DESCRIPTION OF DOCUMENT. Check the first box if this jurat certificate is going to be attached to another document. If so, then cross out lines 1–7 on certificate. Check the second box if the affiant (signer) is going to use this certificate to make a statement.

4 AFFIANT STATEMENT. These lines are provided for the affiant to complete his or her own statement, and should not be completed by the Notary. If affiant is not using this certificate to make a statement, lines 1–7 should be crossed out by the Notary.

5 SIGNATURE(S) OF AFFIANT(S). This is signed by the person(s) who completed the Affiant Statement, if applicable, in lines 1–6. If an attached document is signed instead, these spaces should be lined through by the Notary.

6 DATE OF NOTARIZATION. Actual day, month and year in which the document signer(s) appeared before Notary to sign this certificate or an attached document and take an oath or affirmation.

7 NAME(S) OF AFFIANT SIGNER(S) appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card signatures. If there is only one signer, line through the second space to prevent later unauthorized insertion of a name.

8 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers and in seal.

9 ADDITIONAL INFORMATION.

Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."

10 NOTARY SEAL IMPRINT, clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

SPACES 11–14 ARE REQUIRED IN THE STATE OF ARIZONA and are optional in other states. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

11 TITLE OR TYPE OF DOCUMENT notarized, such as "Affidavit of Loss."

12 DATE OF DOCUMENT notarized. If certificate is being attached to a document, most but not all will have a date, usually at the top or following the signature. If none, insert "No Date."

13 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."

14 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 7. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

JURAT WITH AFFIANT STATEMENT

State of South Dakota } ss.
 County of Bennett

See Attached Document (Notary to cross out lines 1–7 below)
 See Statement Below (Lines 1–7 to be completed only by document signer(s), not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 _____
 Signature of Document Signer No. 2 (if any) _____

Subscribed and sworn to (or affirmed) before me
 this 2th day of January, 20XX, by
 Date Month Year
Michael T. Smith
 Name of Signer No. 1

Name of Signer No. 2 (if any) _____
 Signature of Notary Public
Pat R. Jones

Place Notary Seal/Stamp Above

Any Other Required Information
 (Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: Affidavit of Loss
 Document Date: 1-2-20XX Number of Pages: One
 Signer(s) Other Than Named Above: No other signers

©2019 National Notary Association



JURAT WITH AFFIANT STATEMENT

State of _____ }
County of _____ } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by
Date Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, Expiration Date, etc.)*

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Jurat

This form may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

1 & 2 NAME OF STATE & NAME OF COUNTY where Notary performs notarization.

3 DATE OF NOTARIZATION. Actual day, month and year in which the document signer(s) appeared before Notary to sign this certificate or an attached document and take an oath or affirmation.

4 NAME(S) OF SIGNER(S) appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card signatures. If there is only one signer, line through the second space to prevent later unauthorized insertion of a name.

5 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers and in seal.

6 ADDITIONAL INFORMATION. Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."

7 NOTARY SEAL IMPRINT, clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

SPACES 8–11 ARE REQUIRED IN THE STATE OF ARIZONA and are optional in other states. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

8 TITLE OR TYPE OF DOCUMENT notarized, such as "Affidavit of Loss."

9 DATE OF DOCUMENT notarized. If certificate is being attached to a document, most but not all will have a date, usually at the top or following the signature. If none, insert "No Date."

10 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."

11 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 4. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

JURAT


State of South Dakota }
County of Bennett } ss.

Subscribed and sworn to (or affirmed) before me this
12th day of January, 20XX by
Date Month Year

Michael T. Smith
Name of Signer No. 1

PAT R. JONES
Name of Signer No. 2 (if any)
Signature of Notary Public

Any Other Required Information
(Residence, Expiration Date, etc.)

7 
Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit of Loss
Document Date: 1-2-20XX Number of Pages: One
Signer(s) Other Than Named Above: No other signers

©2019 National Notary Association



NATIONAL
NOTARY
ASSOCIATION

9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org

JURAT



State of _____ }
County of _____ } ss.

Subscribed and sworn to (or affirmed) before me this
_____ day of _____, _____, by
Date Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, Expiration Date, etc.)*

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



Proof of Execution by Subscribing Witness (“Witness Jurat”)

The subscribing-witness certificate is typically used when a principal signer who cannot appear before the Notary directs a third party (the subscribing witness) to witness that principal’s signing or acknowledging of a document and then to bring the signed document to the Notary to vouch for its execution.

This witness signs (subscribes) on the same document and takes an oath or affirmation, pledging truthfulness, from the Notary. The witness should be personally known by the Notary, or identified by a credible witness whom the Notary personally knows.

In most states, a proof of execution by a subscribing witness is a legally

acceptable substitute for an acknowledgment by the principal signer. It is never an acceptable substitute for a jurat, however, which requires the principal to sign and take an oath in the Notary’s presence.

A subscribing-witness certificate is often referred to as a “witness jurat,” because the subscribing witness must be put under oath and sign the document. A subscribing witness is sometimes known as an “executing witness.”

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

- 1 NAME OF STATE/ COMMONWEALTH & NAME OF COUNTY** where Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 3 NAME OF SUBSCRIBING WITNESS** appearing before Notary exactly as name is signed on document.
- 4 HOW SIGNER WAS IDENTIFIED.** Check first box if subscribing witness is personally known to Notary. Check second box if Notary identifies subscribing witness through oath of another individual who is personally known to Notary. Write in name of person identifying subscribing witness.
- 5 NAME OF PRINCIPAL SIGNER** not appearing before Notary. Initials and spelling should agree with name signed on document.
- 6 NAME OF PRINCIPAL SIGNER** not appearing before Notary exactly as name appears in space 5.
- 7 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.
- 8 OTHER INFORMATION REQUIRED BY STATE LAW.** Printed name of Notary, residence address or county, commission number or expiration date, etc.

9 NOTARY SEAL IMPRINT and any other stamp, clearly and legibly affixed.

SPACES 10–13 ARE REQUIRED IN THE STATE OF ARIZONA AND ARE OPTIONAL IN OTHER STATES. Although optional in other states, completing these spaces can deter alteration of the document and fraudulent reattachment of this form to an unintended document.

10 TITLE OR TYPE OF DOCUMENT notarized, such as “Deed of Trust.”

11 DATE OF DOCUMENT notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert “No Date.”

12 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

13 SIGNER(S) OTHER THAN NAMED IN SPACE 5. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert “No Other Signers.”

PROOF OF EXECUTION BY SUBSCRIBING WITNESS (“WITNESS JURAT”)

State/Commonwealth of Arizona 1 } ss.
 County of Maricopa }

On this the 12th day of January 2, 2017, before me, the undersigned
 Day Month Year

Notary Public, personally appeared Samuel Curran 3
 Name of Subscribing Witness

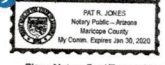
4 personally known to me
 proved to me on the oath/affirmation of
Steven J. Richards
 Name of Credible Witness Identifying Subscribing Witness
 a credible witness whom I know personally, to be the person whose name is subscribed to the within instrument as a witness thereto, who, being by me duly sworn, deposes and says that he/she was present and saw/heard

5 John Smith
 Name of Principal Signer Not Appearing Before Notary the same person described in and whose name is subscribed to the within and annexed instrument in his/her authorized capacity as a party thereto, execute/acknowledge the same, and that said affiant subscribed his/her name to the within instrument as a witness at the request of

6 John Smith
 Name of Principal Signer Again

7 Pat R. Jones
 Signature of Notary Public

8 Pat R. Jones
 Any Other Required Information (Residence, Expiration Date, etc.)

9  Place Notary Seal/Stamp Above

OPTIONAL
 This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document: Deed of Trust 10
 Title or Type of Document:

Document Date: 1/14/17 11 Number of Pages: 3 12
 Signer(s) Other Than Named Above: No Other Signers 13

©2017 National Notary Association



NATIONAL
 NOTARY
 ASSOCIATION

PROOF OF EXECUTION BY SUBSCRIBING WITNESS ("WITNESS JURAT")

State/Commonwealth of _____ }
County of _____ } ss.
On this the _____ day of _____, _____, before me, the undersigned
Day Month Year

Notary Public, personally appeared _____

Name of Subscribing Witness

- personally known to me
- proved to me on the oath/affirmation of

Name of Credible Witness Identifying Subscribing Witness
a credible witness whom I know personally, to be the person whose name is subscribed to the within instrument as a witness thereto, who, being by me duly sworn, deposes and says that he/she was present and saw/heard

Name of Principal Signer Not Appearing Before Notary
the same person described in and whose name is subscribed to the within and annexed instrument in his/her authorized capacity as a party thereto, execute/acknowledge the same, and that said affiant subscribed his/her name to the within instrument as a witness at the request of

Name of Principal Signer Again

Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information (Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Attorney in Fact Acknowledgment

The Attorney in Fact Acknowledgment certificate is used when a person is signing and acknowledging as *attorney in fact* on behalf of another individual, the *principal*. The attorney in fact has the legal authority to sign for the principal and is said to have *power of attorney* for the principal.

On the document to be notarized, the attorney in fact signs both the name of the principal (e.g., "Michael T. Smith, principal") and his or her own name (e.g., "John R. Allen, attorney in fact").

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

1 & 2 NAME OF STATE AND NAME OF COUNTY where Notary performs notarization.

3 DATE OF NOTARIZATION. Actual day, month and year in which attorney in fact appears before Notary.

4 NAME OF NOTARY, printed exactly as name appears on commissioning papers, in seal and in signature.

5 NAME OF ATTORNEY IN FACT appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card signatures.

6 HOW ATTORNEY IN FACT WAS IDENTIFIED. Check the **first box** if person named in space 5 is personally known to Notary. Check the **second box** if Notary identifies this person through either (a) identification documents (ID cards) or (b) oath of a personally known credible witness.

7 NAME OF PRINCIPAL represented by the attorney in fact, who may or may not be appearing before Notary. Initials and spelling of name should agree with name on document.

8 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers and in seal.

9 OTHER INFORMATION REQUIRED BY STATE LAW. Printed name of Notary, residence address or county, commission number or expiration date, etc.

10 NOTARY SEAL IMPRINT and any other stamp clearly and legibly affixed.

SPACES 11-14 ARE REQUIRED IN THE STATE OF ARIZONA AND ARE OPTIONAL IN OTHER STATES. Although optional in other states, completing these spaces can deter alteration of the document and fraudulent reattachment of this form to an unintended document.

11 TITLE OR TYPE OF DOCUMENT. The type, title or description of the document being notarized.

12 DATE OF DOCUMENT notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."

13 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

14 SIGNER(S) OTHER THAN NAMED IN SPACE 5. Since some signers might not be named on the same notarial certificate, insert name(s) of other signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

ATTORNEY IN FACT ACKNOWLEDGMENT


State/Commonwealth of Arizona 1 }
County of Maricopa 2 } ss.

On this the 18th day of January, 2017 3 before me,
4 Pat R. Jones the undersigned Notary Public,
Name of Notary Public
personally appeared Mary T. Richards 5
Name of Attorney in Fact

6 personally known to me – OR –
 proved to me on the basis of satisfactory evidence
to be the person who executed the within instrument
as attorney in fact of
7 Samuel Curran
Name of Person Represented by Attorney in Fact
the principal, and acknowledged to me that he/she
subscribed the principal's name thereto and his/
her own name as attorney in fact for the purposes
therein stated.

WITNESS my hand and official seal.

Pat R. Jones 8
Signature of Notary Public
Pat R. Jones 9
Other Required Information
(Printed Name of Notary, Residence, etc.)

10 
Place Notary Seal and/or Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Grant Deed 11 Document Date: 1/14/17 12
Number of Pages: 4 13 Signer(s) Other Than Named Above: No Other Signers 14

©2017 National Notary Association



ATTORNEY IN FACT ACKNOWLEDGMENT

State/Commonwealth of _____ }
County of _____ } ss.

On this the _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public,
Name of Notary Public

personally appeared _____
Name of Attorney in Fact

- personally known to me – OR –
- proved to me on the basis of satisfactory evidence

to be the person who executed the within instrument
as attorney in fact of

Name of Person Represented by Attorney in Fact

the principal, and acknowledged to me that he/she
subscribed the principal's name thereto and his/
her own name as attorney in fact for the purposes
therein stated.

WITNESS my hand and official seal.

Signature of Notary Public

Other Required Information
(Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Individual Acknowledgment

The Individual Acknowledgment certificate is used when an individual is signing and acknowledging on his or her own behalf.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

1 & 2 NAME OF STATE AND NAME OF COUNTY where Notary performs notarization.

3 DATE OF NOTARIZATION. Actual day, month and year in which signer appears before Notary.

4 NAME OF NOTARY, printed exactly as name appears on commissioning papers, in space 7 and in seal.

5 NAME(S) OF SIGNER(S) appearing before Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. Line through any remaining space.

6 HOW SIGNER(S) WAS (WERE) IDENTIFIED. Check the first box if person(s) named in space 5 is (are) personally known to Notary. Check the second box if Notary identifies signer(s) through either (a) identification documents (ID cards) or (b) oath of a personally known credible witness.

7 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers, in space 4 and in seal.

8 OTHER INFORMATION REQUIRED BY STATE LAW. Printed name of Notary, residence address or county, commission number or expiration date, etc. Line through any remaining space.

9 NOTARY SEAL IMPRINT and any other stamp, clearly and legibly affixed.

SPACES 10–13 ARE REQUIRED IN THE STATE OF ARIZONA AND ARE OPTIONAL IN OTHER STATES. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

10 TITLE OR TYPE OF DOCUMENT. The type, title or description of the document being notarized.

11 DATE OF DOCUMENT notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."

12 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.


13 SIGNER(S) OTHER THAN NAMED IN SPACE 5. Since some signers might not be named on the same notarial certificate, insert name(s) of other signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

INDIVIDUAL ACKNOWLEDGMENT

1 State/Commonwealth of Wyoming } ss.
2 County of Laramie }

On this the 18th day of June, 20XX before me,
Day Month Year
Pat R. Jones the undersigned Notary Public,
Name of Notary Public
5 personally appeared Mary T. Richards
Name(s) of Signer(s)

6 personally known to me – OR –
 proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.
WITNESS my hand and official seal.

9 
Place Notary Seal/Stamp Above

7 Pat R. Jones
Signature of Notary Public
8 Pat R. Jones
Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL
This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Grant Deed
Document Date: 6/14/20XX Number of Pages: 4
Signer(s) Other Than Named Above: No Other Signer

©2023 National Notary Association



NATIONAL
NOTARY
ASSOCIATION

9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of _____ }
County of _____ } ss.

On this the _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public,
Name of Notary Public

personally appeared _____
Name(s) of Signer(s)

- personally known to me – OR –
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

Signature of Notary Public

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____