ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

help to ensure this

acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

Indicate the capacity claimed by the signer. If the claimed capacity is a

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of	_ }
County of	_ }
On before me,	(Here insert name and title of the officer)
personally appeared	
name(s) is/are subscribed to the within he/she/they executed the same in his/h	rfactory evidence to be the person(s) whose instrument and acknowledged to me that her their authorized capacity (les), and that by nent the person(s), or the entity upon behalf of he instrument.
I certify under PENALTY OF PERJUR the foregoing paragraph is true and co	Y under the laws of the State of California that prrect.
WITNESS my hand and official seal.	
Notary Public Signature (f	Notary Public Seal)
•	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	TION INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and if needed, should be completed and attached to the document. Acknolwedgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	State and County information must be the State and County where the documer signer(s) personally appeared before the notary public for acknowledgment. Before the state and County where the documer signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of potarization.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate the information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if
(Title)□ Partner(s)□ Attorney-in-Fact	sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office the county clerk. Additional information is not required but could help to ensure the

2015 Version www.NotaryClasses.com 800-873-9865

Trustee(s)

Other