

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



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 California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who 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 in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, 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: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



# California All-Purpose Acknowledgment

The so-called “all-purpose” acknowledgment wording, as prescribed in California Civil Code Section 1189(a), is mandatory for all acknowledgments taken in the state, whether the acknowledger is signing as an individual or a representative (partner, corporate officer, attorney in fact, trustee, etc.).

Law permits California Notaries to use an out-of-state acknowledgment form on a document that will be filed in that other state or U.S. jurisdiction, but only if “the form does not require the Notary to determine or certify that the signer holds a particular representative capacity or to make other determinations and certifications not allowed by California

law” (Civil Code Section 1189(c)).

Still, however, any acknowledged document notarized and filed or recorded in California must bear only an all-purpose certificate.

State law requires the “all-purpose” certificate wording to be used exactly as it appears in statute.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

## Instructions:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year on which signer(s) appear(s) before Notary.
- 3 NAME & TITLE OF NOTARIZING OFFICER.** In the case of a Notary, “Notary Public” would be the title.
- 4 NAME(S) OF SIGNER(S)** appearing before Notary. Initials and spelling of names should agree with name(s) signed on document and ID card.
- 5 NUMBER AND GENDER OF SIGNER(S).** Cross out letters and words that do not apply — person(s), name(s), is/are, he/she/they, his/her/their, capacity(ies), signature(s) — or circle words that apply, to agree with number and gender of signer(s) in space 4.
- 6 SIGNATURE OF NOTARY** exactly as name appears on commissioning papers, in space 3 and in seal.
- 7 NOTARY SEAL IMPRINT,** clearly and legibly affixed.

### SPACES 8–15 ARE OPTIONAL.

Omission of information here will not affect the document’s validity. However, 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 “Grant Deed.”
- 9 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.”
- 10 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.

- 11 SIGNER(S) OTHER THAN NAMED IN SPACE 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 there are a large number of signers, a notation such as “Mary Smith and 28 other signers” will suffice. If none, insert “no other signers.”
- 12 NAME(S) OF SIGNER(S)** from space 4 whose capacity and represented entity follow.
- 13 CAPACITY CLAIMED BY SIGNER.** Check appropriate box to indicate whether signer is signing as individual (on his or her own behalf), or as corporate officer (indicate corporate title), partner (indicate whether “limited” or “general” partner), attorney in fact, trustee, guardian/conservator, or in another capacity.
- 14 DESCRIPTION OF OTHER CAPACITY(IES).** A single capacity, such as “executor,” may be indicated here; or a multiple capacity, such as “corporate officer signing for partnership in which corporation is partner.”

- 15 NAME OF PERSON OR LEGAL ENTITY** that signer is representing. It could, for example, be the name of an absent person represented by attorney in fact. It could be the name of a condominium association, such as “Blue Lagoon Condo Assn.” Or it could be multiple entities, such as “XYZ Corp., partner in Mutual Enterprises, a partnership.”

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State of California )  
County of Los Angeles ) **1**


On July 19, 2012 before me, Pat R. Jones, Notary Public )  
Date Here Insert Name and Title of this Officer )  
personally appeared Michael T. Smith ) **4**  
Name(s) of Signer(s)

who 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 in his~~her~~~~its~~ authorized capacity~~ies~~, and that by his~~her~~~~its~~ signature~~s~~ on the instrument the person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument. **5**

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Pat R. Jones **6**  
Signature of Notary Public

**7**  Place Notary Seal Above

**OPTIONAL**  
Though this section is optional, 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 **8**  
Document Date: July 19, 2012 **9** Number of Pages: one **10**  
Signer(s) Other Than Named Above: no other signers **11**

Capacity(ies) Claimed by Signer(s)  
Signer's Name: Michael T. Smith

<input type="checkbox"/> Corporate Officer — Title(s):	<input type="checkbox"/> Corporate Officer — Title(s):
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Signer Is Representing:	Signer Is Representing: <b>14</b>

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