

FLORIDA INDIVIDUAL ACKNOWLEDGMENT
F.S. 117.05(13) — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

Physical Presence,

— OR —

Online Notarization,

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

Name of Person Acknowledging

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

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: _____

Florida Individual Acknowledgment

The Florida short-form acknowledgment certificate may be 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. 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 is at the time of the notarization.
- 2 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card. Line through any remaining space.
- 5 SIGNATURE OF NOTARY,** exactly as name appears in space 6, on commissioning papers and in seal.
- 6 NAME OF NOTARY,** exactly as name appears on commissioning papers, in space 5 and in seal.
- 7 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 8 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) "ID card: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.

9 NOTARY SEAL IMPRINT, clearly and legibly affixed.

SPACES 10–13 ARE OPTIONAL.

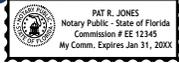
Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

- 10 TITLE OR TYPE OF DOCUMENT** notarized, such as "Grant Deed."
- 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 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."

FLORIDA INDIVIDUAL ACKNOWLEDGMENT
F.S. 117.05(13) — Effective January 1, 2020

State of Florida
County of Orange

The foregoing instrument was acknowledged before me by means of
 Physical Presence,
— OR —
 Online Notarization,
this 17th day of April, 20XX, by
Date Month Year
Michael T. Smith
Name of Person Acknowledging
Pat R. Jones
Signature of Notary Public — State of Florida
Pat R. Jones
Name of Notary Typed, Printed or Stamped
 Personally known
 Produced Identification
Type of Identification Produced: FL Drivers License

9 
Place Notary Seal Stamp Above

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
Document Date: April 18, 20XX Number of Pages: 4
Signer(s) Other Than Named Above: No Other Signers

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FLORIDA SHORT-FORM CORPORATE ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

- Physical Presence, — **OR** —
 Online Notarization,

this _____, by
Date

_____, of
Name of Officer or Agent, Title of Officer or Agent

Name of Corporation Acknowledging

a _____ corporation,
State or Place of Incorporation

on behalf of the corporation. He/She:

- is personally known to me — **OR** —
 has produced _____

Type of Identification
as identification.

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

Commission No. _____

Place Notary Seal and/or Stamp Above

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: _____

Florida Short-Form Corporate Acknowledgment

The Florida Short-Form Corporate Acknowledgment certificate may be used when an individual is signing and acknowledging on behalf of a corporation.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME AND TITLE OF SIGNER** appearing before Notary on behalf of a corporation. Initials and spelling of name should agree with document and ID card. Title is corporate position, such as "President," "Treasurer," etc. Line may be drawn through unused space to prevent later insertion of names.
- 5 NAME OF CORPORATION ACKNOWLEDGING.** Official name of corporation, as indicated in incorporation papers.
- 6 STATE OR PLACE OF INCORPORATION.** Name of state or other jurisdiction which incorporated the corporation named in space 5.
- 7 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 8 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.

- 9 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 10 and in seal.
 - 10 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 9 and in seal.
 - 11 COMMISSION NUMBER,** typed, printed or stamped exactly as it appears on commissioning papers and in seal.
 - 12 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 13–16 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.
- 13 TITLE OR TYPE OF DOCUMENT** notarized, such as "Grant Deed."
 - 14 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."
 - 15 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.
 - 16 SIGNER(S) OTHER THAN NAMED IN SPACE 4.** 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."

FLORIDA SHORT-FORM CORPORATE ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida }
County of Orange 1 }

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR — 2
 Online Notarization,

this April 4, 20XX 3
Date

Michael T. Smith 4
Name of Officer or Agent, Title of Officer or Agent

ABC Partners, Inc 5
Name of Corporation Acknowledging

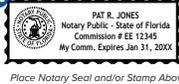
6 a Florida corporation,
State or Place of Incorporation

on behalf of the corporation. He/She:
 is personally known to me — OR —
 has produced _____ 8
Type of Identification

as identification. Pat R. Jones 9
Signature of Notary Public

Pat R. Jones 10
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida
Commission No. EE 12345 11

12 
Place Notary Seal and/or Stamp Above

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 13
 Document Date: 4/3/XX 14 Number of Pages: 4 15
 Signer(s) Other Than Named Above: No Other Signers 16

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FLORIDA SHORT-FORM PARTNERSHIP ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

- Physical Presence, — **OR** —
- Online Notarization,

this _____, by
Date

Name of Acknowledging Partner or Agent

partner (or agent) on behalf of

_____, a partnership.
Name of Partnership

He/She:

- is personally known to me — **OR** —
- has produced

_____ as identification.
Type of Identification

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

Place Notary Seal and/or Stamp Above

Commission No. _____

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: _____

Florida Short-Form Partnership Acknowledgment

The Florida Short-Form Partnership Acknowledgment certificate may be used when an individual is signing and acknowledging on behalf of a partnership, as one of the partners or as a duly appointed agent.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME OF SIGNING PARTNER OR AGENT** appearing before Notary on behalf of partnership. Initials and spelling of name should agree with document and ID card.
- 5 NAME OF PARTNERSHIP** represented by signing partner or agent.
- 6 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 7 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.
- 8 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 9 and in seal.

- 9 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 8 and in seal.
 - 10 COMMISSION NUMBER,** exactly as it appears on commissioning papers and in seal.
 - 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 12–15 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.
- 12 TITLE OR TYPE OF DOCUMENT** notarized, such as "Deed of Trust."
 - 13 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."
 - 14 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.
 - 15 SIGNER(S) OTHER THAN NAMED IN SPACE 4.** Since some signing partners 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."

FLORIDA SHORT-FORM PARTNERSHIP ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida
County of Orange **1**

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR — **2**
 Online Notarization,

this April 4, 20XX **3**, by
Michael T. Smith **4**
Name of Acknowledging Partner or Agent

partner (or agent) on behalf of
5 Smith, Hinkley and Howell, a partnership.
Name of Partnership

He/She:
 Is personally known to me — OR — **6**
 Has produced

7 _____ as identification.
Type of Identification

Pat R. Jones **8**
Signature of Notary Public

Pat R. Jones **9**
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida
Commission No. EE 12345 **10**

11 
Place Notary Seal and/or Stamp Above

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: Deed of Trust **12**

Document Date: 4/3/XX **13** Number of Pages: 4 **14**

Signer(s) Other Than Named Above: No Other Signers **15**

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FLORIDA SHORT-FORM ATTORNEY IN FACT ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

- Physical Presence, — **OR** —
 Online Notarization,

this _____, by
Date

Name of Attorney in Fact
as attorney in fact, who

- is personally known to me — **OR** —
 has produced _____
Type of Identification
as identification, on behalf of

Name of Principal

Signature of Notary Public

Name of Notary Typed, Printed or Stamped
Notary Public — State of Florida

Place Notary Seal and/or Stamp Above

Commission No. _____

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: _____

Florida Short-Form Attorney in Fact Acknowledgment

The Florida Short-Form Attorney in Fact Acknowledgment certificate may be used when an individual is signing and acknowledging as attorney in fact on behalf of another individual.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which attorney in fact appears before Notary.
- 4 NAME OF ATTORNEY IN FACT** appearing before Notary. Initials and spelling of name should agree with document and ID card.
- 5 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 6 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.
- 7 NAME OF PERSON GRANTING POWER OF ATTORNEY.** Initials and spelling of name should agree with document.
- 8 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 9 and in seal.
- 9 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 8 and in seal.
- 10 COMMISSION NUMBER,** exactly as it appears on commissioning papers and in seal.
- 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.

FLORIDA SHORT-FORM ATTORNEY IN FACT ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida
County of Orange **1**

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR — **2**
 Online Notarization,

this April 19, 20XX by **3**
Date
Michael T. Smith **4**
Name of Attorney in Fact
as attorney in fact, who

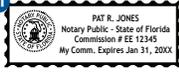
5 is personally known to me — OR — **6**
 has produced _____ **6**
Type of Identification
as identification, on behalf of

Beverly J. Smith **7**
Name of Principal

Pat R. Jones **8**
Signature of Notary Public

Pat R. Jones **9**
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida
Commission No. EE 12345 **10**

11 
Place Notary Seal and/or Stamp Above

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 **12**

Document Date: 4/19/XX **13** Number of Pages: 4 **14**

Signer(s) Other Than Named Above: No other signers **15**

©2019 National Notary Association

- 9 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 8 and in seal.
 - 10 COMMISSION NUMBER,** exactly as it appears on commissioning papers and in seal.
 - 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 12–15 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.
- 12 TITLE or type OF DOCUMENT** notarized, such as "Grant Deed."
 - 13 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."

- 14 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.
- 15 SIGNER(S) OTHER THAN NAMED ABOVE.** 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."



FLORIDA SHORT-FORM PUBLIC OFFICER/TRUSTEE/REPRESENTATIVE ACKNOWLEDGMENT
F.S. 695.25(5) — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

Physical Presence, — **OR** —

Online Notarization,

this _____, by
Date

Name of Person Acknowledging and Title of Position

_____, who

is personally known to me — **OR** —

has produced _____
Type of Identification

as identification.

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

Place Notary Seal and/or Stamp Above

Commission No. _____

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: _____

Florida Short-Form Public Officer/Trustee/Representative Acknowledgment

The Florida Short-Form Public Officer/Trustee/Personal Representative Acknowledgment certificate may be used when a duly appointed public officer, trustee or personal representative is signing and acknowledging on behalf of, and respectively, a government entity, trust or another individual.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME AND TITLE OF SIGNER** appearing before Notary. Initials and spelling of name should agree with document and ID card. Title should include name of entity or person represented, such as "Mayor, City of Miami," "Trustee, XYZ Trust," etc.
- 5 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 6 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.
- 7 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 8 and in seal.

- 8 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 7 and in seal.
- 9 COMMISSION NUMBER,** exactly as it appears on commissioning papers and in seal.
- 10 NOTARY SEAL IMPRINT,** clearly and legibly affixed.

SPACES 11-14 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.

- 11 TITLE OR TYPE OF DOCUMENT** notarized, such as "Deed of Trust."
- 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 4.** 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."

FLORIDA SHORT-FORM PUBLIC OFFICER/TRUSTEE/REPRESENTATIVE ACKNOWLEDGMENT
F.S. 695.25(5) — Effective January 1, 2020

State of Florida
County of Orange **1**

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR — **2**
 Online Notarization.

this April 19, 20XX by **3**
Michael T. Smith **4**
 Name of Person Acknowledging and Title of Position
Trustee, XYZ Trust, who

5 is personally known to me — OR — **6**
 has produced _____ **6**
 Type of Identification as identification.

Pat R. Jones **7**
 Signature of Notary Public **8**
Pat R. Jones **8**
 Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida
 Commission No. EE 12,345 **9**

10  Place Notary Seal and/or Stamp Above

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: Deed of Trust **11**
 Document Date: 4/18/XX **12** Number of Pages: 4 **13**
 Signer(s) Other Than Named Above: No Other Signers **14**

©2019 National Notary Association



FLORIDA JURAT

FS 117.05(13) — Effective January 1, 2020

State of Florida }
County of _____ }

Sworn to (or affirmed) and subscribed before me by means of

Physical Presence,

— OR —

Online Notarization,

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

Name of Person Swearing or Affirming

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

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: _____

Florida Jurat

If no other jurat wording is prescribed, the Florida Jurat certificate may be used when an individual is signing and swearing (or affirming) that the statements in a document are true.

The individual must personally appear before the Notary and affix his or her signature on the document, not on this certificate. The Notary must

administer an oath or affirmation to the individual.

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 is at the time of the notarization.

2 HOW SIGNER APPEARED for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).

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

4 NAME OF SIGNER appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card. (Signature goes on attached document.) Line through any remaining space.

5 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers, in space 6 and in seal.

6 NAME OF NOTARY, printed, typed or stamped, exactly as it appears on commissioning papers, in space 5 and in seal.

7 HOW SIGNER WAS IDENTIFIED. Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

8 TYPE OF IDENTIFICATION. If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: *type of card*" or (b) "the sworn written statement of a (two) credible witness(es): *name(s)*." Line through any remaining space.

9 NOTARY SEAL IMPRINT, clearly and legibly affixed.

SPACES 10–13 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.

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

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 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."

FLORIDA JURAT
FS 117.05(13) — Effective January 1, 2020

State of Florida
1 County of Orange }

Sworn to (or affirmed) and subscribed before me by means of

2 Physical Presence, — OR —
3 Online Notarization,

this 19th day of April, 20XX, by
Day Month Year

Michael T. Smith 4
Name of Person Swearing or Affirming

Pat R. Jones 5
Signature of Notary Public — State of Florida

Pat R. Jones 6
Name of Notary Typed, Printed or Stamped

9 Personally Known 7 Produced Identification 8
Type of Identification Produced: FL Drivers License

Place Notary Seal Stamp Above

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: Affidavit of Loss 10

Document Date: 4/3/XX 11 Number of Pages: 4 12

Signer(s) Other Than Named Above: No Other Signers 13

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NATIONAL
NOTARY
ASSOCIATION

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

FLORIDA COPY CERTIFICATION
FS 117.05(12) — Effective January 1, 2020

State of Florida

County of _____

On this _____ day of _____, _____,
Day Month Year

I attest that the preceding or attached document is a true, exact, complete, and unaltered

Copy of a tangible or an electronic record presented to me by the document's custodian.

— OR —

Printout made by me from an electronic record presented to me by the document's custodian. If a printout, I further attest that, at the time of printing, no security features, if any, present on the electronic record, indicated that the record had been altered since execution.

Signature of Notary Public — State of Florida

*Commissioned Name of Notary Public Typed,
Printed or Stamped*

Place Notary Seal and/or Stamp 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

Custodian's Address Where Original Is Kept: _____

Capacity/Title Claimed by Custodian: _____

Original Document Date: _____ Number of Pages: _____

Signer(s) or Issuing Agency: _____

Additional Pertinent Information: _____

Florida Copy Certification

This certificate may be used by Florida Notaries to certify true copies of original tangible or electronic records, or printouts of electronic records.

The record may not be a vital or public record, or a publicly recordable document, such as a birth certificate or deed.

This certificate should be attached to the front page of the certified photocopy or printout. It is a good policy to keep an additional copy of the

original document as an official notarial record.

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 day, month and year in which custodian presents original to Notary for copy certification.

3 TYPE OF CERTIFICATION being performed. Check the first box if a tangible or electronic record, submitted by the document's custodian, is being copied. Check the second box if the Notary is printing out a copy of an electronic record.

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

5 NAME OF NOTARY, typed, printed or stamped exactly as name appears on commissioning papers, in space 4 and in seal.

6 NOTARY SEAL IMPRINT, clearly and legibly affixed.

SPACES 7–12 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.

FLORIDA COPY CERTIFICATION
FS 117.05(12) — Effective January 1, 2020

State of Florida
County of Orange **1**

On this 2nd day of July, 20XX. **2**
Day Month Year

I attest that the preceding or attached document is a true, exact, complete, and unaltered

Copy of a tangible or an electronic record presented to me by the document's custodian. **3**

— OR —

Printout made by me from an electronic record presented to me by the document's custodian. If a printout, I further attest that, at the time of printing, no security features, if any, present on the electronic record, indicated that the record had been altered since execution. **3**

6  **4**
Place Notary Seal and/or Stamp Above

Pat R. Jones **4**
Signature of Notary Public — State of Florida

Pat R. Jones **5**
Commissioned Name of Notary Public Typed, Printed or Stamped

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
Custodian's Address Where Original Is Kept: 125 S. Main St., Orlando, FL **7**

Capacity/Title Claimed by Custodian: Individual **8**

Original Document Date: 7/10/XX **9** Number of Pages: 1 **10**

Signer(s) or Issuing Agency: Univ. of Miami **11**

Additional Pertinent Information: Original document size is 9" x 12" **12**

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7 CUSTODIAN'S ADDRESS where the original document is kept.

8 CAPACITY/TITLE CLAIMED BY CUSTODIAN. This indicates whether the custodian is acting as an individual or a representative of a company, institution, agency or other organization.

9 DOCUMENT DATE. The original's date of signing, effect, issuance or expiration may be noted here. If none, insert "No Date."

10 NUMBER OF PAGES IN THE ORIGINAL 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) OR ISSUING AGENCY. The name of any person who may have signed the original document, along with the person's title, and/or the agency, firm or institution that issued the original, such as "University of Miami."

12 ADDITIONAL PERTINENT INFORMATION may be entered here, such as a description of the document, the size of the original if the copy is smaller or larger, etc.



NATIONAL
NOTARY
ASSOCIATION

FLORIDA JURAT FOR SIGNATURE BY MARK
F.S. 117.05(14)(C) — Effective January 1, 2020

State of Florida }
County of _____ }

Sworn to (or affirmed) and subscribed before me
by means of

Physical Presence, — **OR** — Online Notarization,

this _____ day of _____, _____,
Day Month Year

by _____,
Name of Person Swearing or Affirming

who signed with a mark in the presence of these
witnesses:

Name of 1st Witness

Name of 2nd Witness

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known or Produced Identification

Type of Identification _____

Place Notary Seal and/or Stamp Above

*Any Other Required Information
(Name(s) of Credible Witness(es), etc.)*

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: _____

Florida Jurat for Signature by Mark

The Signature by Mark is used when a principal signer is unable to sign his or her name on a document, and instead signs with a mark or “X.” In addition to the Notary, two disinterested witnesses to the signing by mark are necessary. Both must be present to see the principal make the mark. The witnesses should sign the document. The Notary prints the signer’s first name at the beginning of the signature line and the last

name at the end, and prints the words “His (or Her) Mark” below the mark. The Notary must administer an oath or affirmation to the signer.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- 5 NAME OF FIRST WITNESS.**
- 6 NAME OF SECOND WITNESS.**
- 7 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.
- 8 NAME OF NOTARY,** typed, printed or stamped, exactly as name appears on commissioning papers, in space 7 and in seal.
- 9 HOW SIGNER WAS IDENTIFIED.** *Check the first box* if signer is personally known to Notary. *Check the second box* if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

FLORIDA JURAT FOR SIGNATURE BY MARK
F.S. 117.05(14)(C) — Effective January 1, 2020

State of Florida
County of Orange **1**

Sworn to (or affirmed) and subscribed before me by means of

2 Physical Presence, — OR — Online Notarization,
3 this 12th day of November, 20xx
Day Month Year
4 by Donald Jenkins
Name of Person Swearing or Affirming

who signed with a mark in the presence of these witnesses:

5 Donna Nunez
Name of 1st Witness
6 Michael T. Smith
Name of 2nd Witness
7 Pat R. Jones
Signature of Notary Public — State of Florida
Pat R. Jones
Name of Notary Typed, Printed or Stamped **8**

Personally Known or Produced Identification
Type of Identification FL Driver's License **9**
10

Place Notary Seal and/or Stamp Above

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: Affidavit of Loss **12**

Document Date: 11/9/xx **13** Number of Pages: 1 **14**

Signer(s) Other Than Named Above: No other signers **15**

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- 10 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card’s type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).
 - 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 12–15 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.
- 12 TITLE OR TYPE OF DOCUMENT** notarized, such as “Affidavit of Loss.”
 - 13 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write “No Date.”
 - 14 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.
 - 15 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 none, write “No Other Signers.”



FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNATURE BY MARK

F.S. 117.05(14)(C) — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

- Physical Presence, — **OR** —
- Online Notarization,

this _____ day of _____, _____,
Day Month Year

by _____,
Name of Person Acknowledging

who signed with a mark in the presence of these witnesses:

Name of 1st Witness

Name of 2nd Witness

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

- Personally Known or Produced Identification

Type of Identification: _____

Place Notary Seal and/or Stamp Above

Any Other Required Information
(Name(s) of Credible Witness(es), etc.)

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: _____

Florida Individual Acknowledgment for Signature by Mark

The signature-by-mark is used when a principal signer is unable to sign his or her name on a document, and instead signs with a mark or “X.”

In addition to the Notary, two disinterested witnesses to the signing by mark are necessary. Both must be present to see the principal make the mark. The witnesses should sign the document. The Notary prints the signer’s first name at the beginning of the signature line and the last name

at the end, and prints the words “His (or Her) Mark” below the mark.

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:

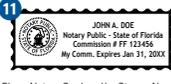
- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- 5 NAME OF FIRST WITNESS.**
- 6 NAME OF SECOND WITNESS.**
- 7 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.
- 8 NAME OF NOTARY,** typed, printed or stamped, exactly as name appears on commissioning papers, in space 7 and in seal.
- 9 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

- 10 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card’s type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).
 - 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 12–15 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.
- 12 TITLE OR TYPE OF DOCUMENT** notarized, such as “Grant Deed.”
 - 13 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write “No Date.”
 - 14 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.
 - 15 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 none, write “No Other Signers.”

FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNATURE BY MARK
F.S. 117.05(4)(C) — Effective January 1, 2020

State of Florida }
County of Orange 1

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR —
 Online Notarization,
 this 12th day of November, 2021.
 Day Month Year
 by Donald Jenkins
 Name of Person Acknowledging
 who signed with a mark in the presence of these witnesses:
 5 Donna Nunez
 Name of 1st Witness
 6 Michael T. Smith
 Name of 2nd Witness
 7 Pat R. Jones
 Signature of Notary Public — State of Florida
 Name of Notary Typed, Printed or Stamped 8
 Personally Known or Produced Identification 9
 Type of Identification: FL Driver's License 10

11 
Place Notary Seal and/or Stamp Above
Any Other Required Information (Name(s) of Credible Witness(es), etc.)

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 12
 Document Date: 11/31/21 13 Number of Pages: 1 14
 Signer(s) Other Than Named Above: No other signers 15

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FLORIDA JURAT FOR SIGNER WITH DISABILITY
F.S. 117.05(14)(E) — Effective January 1, 2020

State of Florida }
County of _____ }

Sworn to (or affirmed) before me by means of Physical Presence, — **OR** — Online Notarization,

this _____ day of _____, _____, by _____,
Day Month Year Name of Person Swearing or Affirming

and subscribed by _____ at the direction of
Name of Notary

_____ by _____,
Name of Person Swearing or Affirming Written, Verbal, or Other Means

and in the presence of these witnesses: _____,
Name of 1st Witness

Name of 2nd Witness

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known or Produced Identification

Type of Identification _____

Place Notary Seal and/or Stamp Above

*Any Other Required Information
(Name(s) of Credible Witness(es), etc.)*

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: _____

Florida Jurat for Signer with Disability

If a person cannot sign a document due to a physical disability, he or she may direct the Notary to sign on his or her behalf. This certificate wording is sufficient when a signer with a disability requests a jurat. Two disinterested witnesses must be present for this procedure.

Only at the direction of the disabled person, the Notary will sign this individual's name on the attached document, not on this certificate. After signing, the Notary must write below the signature the following

statement: "Signature affixed by Notary pursuant to s. 117.05(14), Florida Statutes." The Notary must also administer an oath or affirmation to the disabled individual.

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which disabled signer appears before Notary.
- 4 NAME OF DISABLED SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- 5 NAME OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 6 NAME OF DISABLED SIGNER**, exactly as name appears in space 4.
- 7 HOW DISABLED SIGNER** directed Notary to sign, whether by verbal, written or other means.
- 8 NAME OF FIRST WITNESS.**
- 9 NAME OF SECOND WITNESS.**
- 10 SIGNATURE OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 11 NAME OF NOTARY**, typed, printed or stamped, exactly as name appears in space 5.
- 12 HOW DISABLED SIGNER WAS IDENTIFIED.** Check the **first box** if signer is personally known to Notary. Check the **second box** if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

- 13 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card's type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).
 - 14 NOTARY SEAL IMPRINT**, clearly and legibly affixed.
- SPACES 15–18 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.

- 15 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."
- 16 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write "No Date."
- 17 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.
- 18 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 none, write "No Other Signers."

FLORIDA JURAT FOR SIGNER WITH DISABILITY
F.S. 117.05(14)(E) — Effective January 1, 2020

State of Florida
County of Orange **1**

Sworn to (or affirmed) before me by means of Physical Presence, **2** — OR — Online Notarization.

3 this November 12, 20XX **4**
Day Month Year by Donald Jenkins **5**
Name of Person Swearing or Affirming
and subscribed by Pat R. Jones **6**
Name of Notary at the direction of **7**

6 Donald Jenkins **7**
Name of Person Swearing or Affirming by Verbal Means **8**
Written, Verbal, or Other Means
and in the presence of these witnesses: Donna Nunez **8**
Name of 1st Witness
Michael T. Smith **9**
Name of 2nd Witness

Pat R. Jones **10**
Signature of Notary Public — State of Florida
Pat R. Jones **11**
Name of Notary Typed, Printed or Stamped

Personally Known or Produced Identification **12**
Type of Identification FL Driver's License **13**

14 
Place Notary Seal and/or Stamp Above

OPTIONAL
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Affidavit of Loss **15**
Title or Type of Document:
Document Date: 11/9/XX **16** Number of Pages: 1 **17**
Signer(s) Other Than Named Above: No other signers **18**

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NATIONAL
NOTARY
ASSOCIATION

FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNER WITH DISABILITY
F.S. 117.05 — Effective January 1, 2020

State of Florida

County of _____



The foregoing instrument was acknowledged before me by means of Physical Presence, — **OR** —
 Online Notarization,

this _____ day of _____, _____, by _____, and subscribed by
Day Month Year Name of Person Acknowledging

_____ at the direction of _____, and in the presence
Name of Notary Name of Person Acknowledging

of these witnesses: _____, _____.
Name of 1st Witness Name of 2nd Witness

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known or Produced Identification

Type of Identification: _____

*Any Other Required Information
(Name(s) of Credible Witness(es), etc.)*

Place Notary Seal and/or Stamp Above

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: _____

Florida Individual Acknowledgment for Signer with Disability

If a person cannot sign a document due to a physical disability, he or she may direct the Notary to sign on his or her behalf. This certificate wording is sufficient when a signer with a disability requests an acknowledgment. Two disinterested witnesses must be present for this procedure.

Only at the direction of the disabled person, the Notary will sign this individual's name on the attached document, not on this certificate.

After signing, the Notary must write below the signature the following statement: "Signature affixed by Notary pursuant to s. 117.05(14), Florida Statutes."

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 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which disabled signer appears before Notary.
- 4 NAME OF DISABLED SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- 5 NAME OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 6 NAME OF DISABLED SIGNER**, exactly as name appears in space 4.
- 7 NAME OF FIRST WITNESS.**
- 8 NAME OF SECOND WITNESS.**
- 9 SIGNATURE OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 10 NAME OF NOTARY**, typed, printed or stamped, exactly as name appears on commissioning papers, in space 5 and in seal.
- 11 HOW DISABLED SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

- 12 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card's type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).
- 13 NOTARY SEAL IMPRINT**, clearly and legibly affixed.

SPACES 14–17 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.

- 14 TITLE OR TYPE OF DOCUMENT** notarized, such as "Grant Deed."
- 15 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write "No Date."

- 16 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.
- 17 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 none, write "No Other Signers."

FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNER WITH DISABILITY
F.S. 117.05 — Effective January 1, 2020

State of Florida
County of Orange **1** }

The foregoing instrument was acknowledged before me by means of Physical Presence, — OR — **2**
 Online Notarization, **4**

this November 12, 20xx **3**, by Donald Jenkins **4**, and subscribed by **5**
Day Month Year Name of Person Acknowledging **6**

Pat R. Jones **5** at the direction of Donald Jenkins **6** and in the presence **8**
Name of Notary Name of Person Acknowledging **9**

of these witnesses: Michael T. Smith **7** Donna Nunez **8**
Name of 1st Witness Name of 2nd Witness **12**

13  **13**
Place Notary Seal and/or Stamp Above

Pat R. Jones
Signature of Notary Public — State of Florida **9**
Pat R. Jones
Name of Notary Typed, Printed or Stamped **10**

Personally Known or Produced Identification **11**
Type of Identification: FL Driver's License **12**

Any Other Required Information
(Name(s) of Credible Witness(es), etc.)

OPTIONAL
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document **14**
Title or Type of Document: Grant Deed **14**

Document Date: 11/9/xx **15** Number of Pages: 1 **16**

Signer(s) Other Than Named Above: No other signers **17**

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**NATIONAL
NOTARY
ASSOCIATION**