

WITNESSING OR ATTESTING A SIGNATURE

State of _____ }
County of _____ } ss.

Signed (or attested) before me on _____ by _____
Date

Name(s) of Individual(s)

Signature of Notarial Officer

Title of Office

Place Notary Seal/Stamp Above

My commission expires: _____

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: _____

Witnessing or Attesting a Signature

The Signature Witnessing or Attesting certificate is used to determine that the signature appearing on a document is that of the person appearing before the Notary and named in the document. Witnessing a signature may be used in circumstances where the date of the signing is of crucial importance.

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

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

4 NAME(S) OF SIGNER(S) appearing before Notary. Initials and spelling should agree with name(s) signed on document and ID cards.

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

6 NOTARY PUBLIC TITLE OF OFFICE AND COMMISSION EXPIRATION DATE are entered here.

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 other states, completing these spaces can deter alteration of the document and fraudulent reattachment of this form to an unintended document.

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

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.”

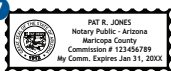
10 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

11 SIGNER(S) OTHER THAN NAMED IN SPACE 4. Since 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.”

WITNESSING OR ATTESTING A SIGNATURE

State of Arizona **1** }
County of Maricopa **2** } ss.

Signed (or attested) before me on May 20, 20XX **3** by
Date
Mary T. Richards **4**
Name(s) of Individual(s)

7  **5** Pat R. Jones
Signature of Notarial Officer
Notary Public
Title of Office
My commission expires: January 31, 20XX **6**

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: Informed Consent Declaration **8**
Title or Type of Document: 1/4/20XX **9** Number of Pages: 1 **10**
Document Date: No Other Signers **11**
Signer(s) Other Than Named Above:

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ASSOCIATION

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