

REPRESENTATIVE ACKNOWLEDGMENT

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

This instrument was acknowledged before me on

_____, 20_____,
Month Day Year

by _____
Name of Signer

as _____
Type of Authority, e.g., Officer, Trustee, etc.

of _____
Name of Party on Behalf of Whom
Instrument Was Executed

Signature of Notary Public

Notary Public — State of _____

My commission expires: _____

Any Other Required Information
(Printed Name of Notary, Residence)

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: _____

Representative Acknowledgment

The representative acknowledgment certificate may be used when an individual is signing and acknowledging on behalf of another person or on behalf of a legal entity such as a corporation, partnership, trust, etc.

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 AND NAME OF COUNTY where Notary performs notarization.

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

3 NAME OF SIGNER appearing before notarizing officer. Initials and spelling of name should agree with name signed on document and ID card signatures.

4 REPRESENTATIVE CAPACITY of signer — e.g., “Mayor,” “Trustee,” “Vice President,” etc.

5 NAME OF PERSON OR ENTITY that signer is representing. 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.”

6 SIGNATURE OF NOTARY PUBLIC exactly as name appears on commissioning paper and in seal.

7 STATE Notary is commissioned in.

8 COMMISSION EXPIRATION DATE, exactly as it appears on commissioning papers.

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

10 NOTARY SEAL IMPRINT clearly and legibly affixed.

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 “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.”

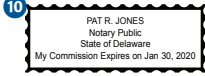
13 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

14 SIGNER(S) OTHER THAN NAMED IN SPACE 3. 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.”

REPRESENTATIVE ACKNOWLEDGMENT

State/Commonwealth of Delaware } ss.
County of Kent **1**

This instrument was acknowledged before me on
June 18, 2017 **2**
Month Day Year
by Michael T. Smith **3**
Name of Signer
as Vice President **4**
Type of Authority, e.g., Officer, Trustee, etc.
of XYZ Corporation **5**
Name of Party on Behalf of Whom
Instrument Was Executed
Pat R. Jones **6**
Signature of Notary Public
Notary Public — State of Delaware **7**
My commission expires: Jan 30, 2020 **8**

10  Place Notary Seal/Stamp Above

9 Any Other Required Information
(Printed Name of Notary, Residence)

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: Deed of Trust **11**
Document Date: June 1, 2017 **12** Number of Pages: 1 **13**
Signer(s) Other Than Named Above: None **14**

©2017 National Notary Association



NATIONAL
NOTARY
ASSOCIATION

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