## **ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT**

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)
name(s)(s)are subscribed to the within he)she/they executed the same in his	sfactory evidence to be the person(s) whose in instrument and acknowledged to me that ther/their authorized capacity(ies), and that by ment the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJUR the foregoing paragraph is true and co WITNESS my hand and official seal.	RY under the laws of the State of California that orrect.
Notary Public Signature (	(Notary Public Seal)
ADDITIONAL OPTIONAL INFORMATION OF THE ATTACHED DOCUMENT	TION INSTRUCTIONS FOR COMPLETING THIS  This form complies with current California statutes regarding note if needed, should be completed and attached to the document. Ackn other states may be completed for documents being sent to that stat wording does not require the California notary to violate California
(Title or description of attached document)  (Title or description of attached document continued)	<ul> <li>State and County information must be the State and County whe signer(s) personally appeared before the notary public for acknow</li> <li>Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date	The notary public must print his or her name as it appears we commission followed by a comma and then your title (notary public Print the name(s) of document signer(s) who personally appear
CAPACITY CLAIMED BY THE SIGNER  ☐ Individual (s) ☐ Corporate Officer	<ul> <li>Indicate the correct singular or plural forms by crossing off inco he/she/they, is /are ) or circling the correct forms. Failure to correct information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographical</li> </ul>
(Title)	Impression must not cover text or lines. If seal impression smuo
☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s)	sufficient area permits, otherwise complete a different acknowled  • Signature of the notary public must match the signature on file with the county clerk.  • Additional information is not required but could help acknowledgment is not misused or attached to a different

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Other

## HIS FORM

notary wording and, Acknolwedgents from t state so long as the fornia notary law.

- where the document knowledgment.
- nally appeared which
- ars within his or her public).
- appear at the time of
- incorrect forms (i.e. correctly indicate this
- phically reproducible. smudges, re-seal if a wledgment form.
- file with the office of
  - 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.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.