

ATTORNEY IN FACT ACKNOWLEDGMENT



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

On this the _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public,
Name of Notary Public

personally appeared _____,
Name of Attorney in Fact

- personally known to me – **OR** –
- proved to me on the basis of satisfactory evidence

to be the person who executed the within instrument
as attorney in fact of

_____,
Name of Person Represented by Attorney in Fact

the principal, and acknowledged to me that he/she
subscribed the principal's name thereto and his/
her own name as attorney in fact for the purposes
therein stated.

WITNESS my hand and official seal.

Signature of Notary Public

*Other Required Information
(Printed Name of Notary, Residence, etc.)*

Place Notary Seal and/or 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: _____



Attorney in Fact Acknowledgment

The Attorney in Fact Acknowledgment certificate is used when a person is signing and acknowledging as *attorney in fact* on behalf of another individual, the *principal*. The attorney in fact has the legal authority to sign for the principal and is said to have *power of attorney* for the principal.

On the document to be notarized, the attorney in fact signs both the name of the principal (e.g., "Michael T. Smith, principal") and his or her own name (e.g., "John R. Allen, attorney in fact").

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Instructions:

1 & 2 NAME OF STATE AND NAME OF COUNTY where Notary performs notarization.

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

4 NAME OF NOTARY, printed exactly as name appears on commissioning papers, in seal and in signature.

5 NAME OF ATTORNEY IN FACT appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card signatures.

6 HOW ATTORNEY IN FACT WAS IDENTIFIED. Check the **first box** if person named in space 5 is personally known to Notary. Check the **second box** if Notary identifies this person through either (a) identification documents (ID cards) or (b) oath of a personally known credible witness.

7 NAME OF PRINCIPAL represented by the attorney in fact, who may or may not be appearing before Notary. Initials and spelling of name should agree with name on document.

8 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers and in seal.

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

10 NOTARY SEAL IMPRINT and any other stamp clearly and legibly affixed.

SPACES 11–14 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.

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

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 5. 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."

ATTORNEY IN FACT ACKNOWLEDGMENT

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

On this the 18th day of January, 2017 **3**, before me,
Pat R. Jones **4**, the undersigned Notary Public,
personally appeared Mary T. Richards **5**
Name of Attorney in Fact


6 personally known to me – OR –
 proved to me on the basis of satisfactory evidence
to be the person who executed the within instrument
as attorney in fact

7 Samuel Curran
Name of Person Represented by Attorney in Fact

the principal, and acknowledged to me that he/she
subscribed the principal's name thereto and his/
her own name as attorney in fact for the purposes
therein stated.

WITNESS my hand and official seal.

Pat R. Jones **8**
Signature of Notary Public
Pat R. Jones **9**
Other Required Information
(Printed Name of Notary, Residence, etc.)

10 
Place Notary Seal and/or 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: Grant Deed **11** Document Date: 1/14/17 **12**

Number of Pages: 4 **13** Signer(s) Other Than Named Above: No Other Signers **14**

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