

PARTNERSHIP 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(s) of Signing Partner(s) or Agent(s)

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

to be the person(s) who executed the
within instrument on behalf of the

Name of Partnership
partnership, and acknowledged to me that the
partnership executed the same for the purposes
therein stated.

WITNESS my hand and official seal.

Signature of Notary Public

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

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: _____



Partnership Acknowledgment

The Partnership Acknowledgment certificate is used when an individual is signing and acknowledging on behalf of a partnership, as one of the partners or as a duly appointed agent. It may be used for the acknowledgment of more than one signing partner, but only if these

individuals appear before the Notary at the same time.

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 signer appears before Notary.

4 NAME OF NOTARY,

printed exactly as name appears on commissioning paper, in seal and in signature.

5 NAME(S) OF PARTNER(S) OR AGENT(S) appearing before Notary.

Initials and spelling should agree with name(s) signed on document and ID card signature.

6 HOW SIGNER(S) WAS (WERE) IDENTIFIED. Check the first box

if person(s) named in space 5 is (are) personally known to Notary. **Check the second box** if Notary identifies signer(s) through either (a) identification documents (ID cards) or (b) oath of a personally known credible witness.

7 NAME OF PARTNERSHIP,

if any, for which the partners(s) is (are) signing the document.

8 SIGNATURE OF NOTARY,

exactly as name appears on commissioning paper 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."

PARTNERSHIP ACKNOWLEDGMENT

State/Commonwealth of Arizona **1**

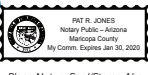
County of Maricopa **2**

On this the 18th day of January, 2017, before me, Pat R. Jones **4**, the undersigned Notary Public, personally appeared Roy S. Hinkley **5**, Name(s) of Signing Partner(s) or Agent(s)

6 ☒ I personally known to me – OR – ☐ proved to me on the basis of satisfactory evidence to be the person(s) who executed the within instrument on behalf of the Summers, Hinkley and Howell **7**, Name of Partnership partnership, and acknowledged to me that the partnership executed the same for the purposes therein stated.

WITNESS my hand and official seal.

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

10  Place Notary Seal/Stamp Above

OPTIONAL

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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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