

**VERIFICATION ON OATH OR AFFIRMATION**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Subscribed and sworn to (or affirmed) before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
Day Month Year

\_\_\_\_\_  
*Name of Signer No. 1*

\_\_\_\_\_  
*Name of Signer No. 2 (if any)*

\_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal/Stamp Above*

\_\_\_\_\_  
*Any Other Required Information  
(Residence, Expiration Date, etc.)*

**OPTIONAL**

*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: \_\_\_\_\_

# Verification on Oath or Affirmation

If no other format is prescribed, this certificate may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

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 & NAME OF COUNTY** where Notary performs notarization.

**3 DATE OF NOTARIZATION.** Actual day, month and year in which the document signer(s) appear(s) before Notary to sign this certificate or an attached document and take an oath or affirmation.

**4 NAME(S) OF SIGNER(S)** appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. Line through any remaining space.

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

**6 ADDITIONAL INFORMATION.** Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."

**7 NOTARY SEAL IMPRINT,** clearly and legibly affixed. In states where seal is not mandatory, data such as commission expiration date may be stamped, typed or printed here.

### **SPACES 8–11 ARE OPTIONAL.**

*Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**8 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."

**9 DATE OF DOCUMENT** notarized. If certificate is being attached to a document, most but not all 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 this certificate as a page.

**11 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 4.** 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."

**VERIFICATION ON OATH OR AFFIRMATION**

1 State of West Virginia } ss.  
2 County of Calhoun }

Subscribed and sworn to (or affirmed) before me  
this 12<sup>th</sup> day of January, 2019, by 3  
Day Month Year  
Michael T. Smith 4  
Name of Signer No. 1  
\_\_\_\_\_  
Name of Signer No. 2 (if any) \_\_\_\_\_  
Pat R. Jones 5  
Signature of Notary Public  
\_\_\_\_\_  
Any Other Required Information  
(Residence, Expiration Date, etc.) 6

7   
Place Notary Seal/Stamp Above

**OPTIONAL**

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: Affidavit of Loss 8  
Document Date: 1-2-2019 9 Number of Pages: one 10  
Signer(s) Other Than Named Above: no other signers 11

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ASSOCIATION

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