

VERIFICATION ON OATH OR AFFIRMATION WITH AFFIANT STATEMENT

State of _____ }
County of _____ } ss.

- ☐ See Attached Document (Notary to cross out lines 1–7 below)
☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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 with Affiant Statement

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 text space provided (lines 1–6) is available for a document signer to type or neatly print (in ink) a written statement. This portion of the certificate should *not* be completed by the Notary. A person completing any of lines 1–6 must sign this form on line 7 in the presence of the Notary, who would also administer an oath or affirmation.

If this verification on oath or affirmation is to be attached to another document, then the Notary should cross out lines 1–7. The signer would affix a signature on the attached document, not on this certificate, in the Notary's presence.

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 DESCRIPTION OF DOCUMENT. Check the first box if this verification on oath or affirmation certificate is going to be attached to another document. If so, then cross out lines 1–7 on certificate. Check the second box if the affiant (signer) is going to use this certificate to make a statement.

4 AFFIANT STATEMENT. These lines are provided for the affiant to complete his or her own statement, and should *not* be completed by the Notary. If affiant is not using this certificate to make a statement, lines 1–7 should be crossed out by the Notary.

5 SIGNATURE(S) OF AFFIANT(S). This is signed by the person(s) who completed the Affiant Statement, if applicable, in lines 1–6. If an attached document is signed instead, these spaces should be lined through by the Notary.

6 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.

7 NAME(S) OF AFFIANT 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.

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

9 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."

10 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 11–14 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.

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

12 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."

13 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."

14 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 7. 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 WITH AFFIANT STATEMENT

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

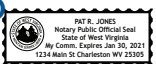
3 ☒ See Attached Document (Notary to cross out lines 1–7 below)
☐ See Statement Below (Lines 1–7 to be completed only by document signer(s), not Notary)

1
2
3
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6
7

4

5 Signature of Document Signer No. 2 (if any)
Subscribed and sworn to (or affirmed) before me
this 12th day of January, 2019, by
Day Month Year
Michael T. Smith
Name of Signer No. 1

6
7

10 
Place Notary Seal/Stamp Above

8
9

11
12
13
14

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
Document Date: 1-2-2019 Number of Pages: one
Signer(s) Other Than Named Above: no other signers

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