CALIFORNIA JURAT GOVERNMENT CODE § 8202

> 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 California

County of _____

Subscribed and sworn to (or affirmed) before me on

this _____ day of _____, 20_____, by
    Date   *Month*   *Year*

(1) _____

(and (2) _____),
              Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
                    Signature of Notary Public

Place Notary Seal and/or 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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

California Jurat

This form 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 jurat certificate.

Instructions:

1 NAME OF COUNTY where Notary performs notarization.

2 DATE OF NOTARIZATION. Actual day, month and year in which the affiant(s) appear(s) before Notary to sign a document and take an oath or affirmation.

3 NAME(S) OF SIGNER(S) appearing before the Notary. Initials and spelling of name(s) should agree with document, ID card and journal signatures. If only one signer is appearing before the Notary, cross out any remaining space.

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

5 NOTARY SEAL IMPRINT clearly and legibly affixed.

SPACES 6–9 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.

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

7 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."

8 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.

9 SIGNER(S) OTHER THAN NAMED IN SPACE 3. Since all signers might not be named on the same Notary 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."

CALIFORNIA JURAT   **GOVERNMENT CODE § 8202**

> 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 California
1 County of ___LOS Angeles___

Subscribed and sworn to (or affirmed) before me on
2 this __14th__ day of __June__, 20_XX_, by
         Date   *Month*   *Year*
3 (1) __Michael T. Smith__

(and (2) _____).
                Name(s) of Signer(s)

5 [Notary Seal: PAT R. JONES / Notary Public - California / Los Angeles County / Commission # 12345678 / My Comm. Expires Jan 31, 20XX]

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature ___Pat R. Jones___ **4**
                Signature of Notary Public

Place Notary Seal and/or 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___ **6**

Document Date: ___No Date___ **7**   Number of Pages: **8** _one_

Signer(s) Other Than Named Above: ___No Other Signers___ **9**

©2019 National Notary Association

NATIONAL NOTARY ASSOCIATION

9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org

Item #05910