

PENNSYLVANIA WITNESSING OR ATTESTING A SIGNATURE

State of Pennsylvania

County of _____

Signed (or attested) before me on _____ by _____
Date

Name(s) of Individual(s)

Signature of Notarial Officer

Printed Name of Notarial Officer

Title of Office

Place Official Stamp/Notary Seal Above

My Commission Expires: _____

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: _____