

# WITNESSING OR ATTESTING TO AN EVENT OR ACT

State of WASHINGTON

County of \_\_\_\_\_

I CERTIFY THAT THE EVENT DESCRIBED IN THIS DOCUMENT HAS OCCURRED OR BEEN PERFORMED ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Washington State

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
My Commission Expires

This notarization is attached to  
making this page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(title of document)