ATTORNEY IN FACT ACKNOWLEDGMENT

State/Commonwealth of	—) ss		
County of	\rightarrow ss.		
On this the day of		,, before me,	
On this the day of	Month	Year , Select Me,	
		, the undersigned Notary Public,	
Name of Notary Public			
personally appeared			
	Name of Att	Name of Attorney in Fact	
	□ personally known to me – OR –□ proved to me on the basis of satisfactory evidence		
	to be the person who executed the within instrument as attorney in fact of		
	Name of Person Represented by Attorney in Fact		
	the principal, and acknowledged to me that he/she subscribed the principal's name thereto and his/her own name as attorney in fact for the purposes therein stated.		
	WITNESS my hand and official seal.		
	Signature of Notary Public		
Place Notary Seal and/or Stamp Above	(Prin	Other Required Information nted Name of Notary, Residence, etc.)	
OI	PTIONAL		
This section is required for notarizations performe information can deter alteration of the document or fro			
Description of Attached Document			
Title or Type of Document:		Document Date:	
Number of Pages:Signer(s) Other The	an Named Abo	ove:	

Attorney in Fact Acknowledgment

The Attorney in Fact Acknowledgment certificate is used when a person is signing and acknowledging as *attorney in fact* on behalf of another individual, the *principal*. The attorney in fact has the legal authority to sign for the principal and is said to have *power of attorney* for the principal.

On the document to be notarized, the attorney in fact signs both the name of the principal (e.g., "Michael T. Smith, principal") and his or her own name (e.g., "John R. Allen, attorney in fact").

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.