

**COPY CERTIFICATION**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I certify that the attached  
or preceding document of \_\_\_\_\_ pages is a true, exact, complete and unaltered copy of

\_\_\_\_\_  
*Description of Original Document*

☐ presented to me by

\_\_\_\_\_  
*Original Document's Custodian on Above Date*  
and that, to the best of my knowledge, the original document is neither a public record nor a publicly recordable instrument, certified copies of which are available from an official source other than a Notary Public.

– OR –

☐ an official notarial record in my possession.

\_\_\_\_\_, Notary Public  
*Signature of Notary Public*

Place Notary Seal/Stamp Above

\_\_\_\_\_  
*Notary's Name Printed/  
Typed*

\_\_\_\_\_  
*Appointment  
Expiration Date*

**OPTIONAL**

*Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.*

**Further Description of Attached Document**

Address Where Original is Kept: \_\_\_\_\_

Original Document Date: \_\_\_\_\_

Signer(s) or Issuing Agency: \_\_\_\_\_

**Capacity Claimed by Custodian**

☐ Individual ☐ Attorney ☐ Trustee

☐ Corporate Officer — Title: \_\_\_\_\_

☐ University or School Officer — Title: \_\_\_\_\_

☐ Governmental Officer or Agent — Title: \_\_\_\_\_

☐ Business Proprietor or Manager

☐ Other: \_\_\_\_\_

Custodian Is Representing: \_\_\_\_\_

**REPRESENTATIVE ACKNOWLEDGMENT**

State/Commonwealth of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

This instrument was acknowledged before me on

\_\_\_\_\_, 20\_\_\_\_,  
Month Day Year

by \_\_\_\_\_  
Name of Signer

as \_\_\_\_\_  
Type of Authority, e.g., Officer, Trustee, etc.

of \_\_\_\_\_  
Name of Party on Behalf of Whom  
Instrument Was Executed

\_\_\_\_\_  
Signature of Notary Public

Notary Public — State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_

Place Notary Seal/Stamp Above

Any Other Required Information  
(Printed Name of Notary, Residence)

**OPTIONAL**

*This section is required for notarizations performed in Arizona but is optional in other states.  
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: \_\_\_\_\_

**WITNESSING OR ATTESTING A SIGNATURE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Signed (or attested) before me on \_\_\_\_\_ by  
Date

\_\_\_\_\_  
Name(s) of Individual(s)

\_\_\_\_\_  
Signature of Notarial Officer

\_\_\_\_\_  
Title of Office

Place Notary Seal/Stamp Above

My commission expires: \_\_\_\_\_

**OPTIONAL**

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**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**

~~~~~

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**

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**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**

~~~~~

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

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**

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**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

~~~~~

**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
Day Month Year

\_\_\_\_\_, the undersigned Notary Public,  
Name of Notary Public

personally appeared \_\_\_\_\_,  
Name(s) of Signer(s)

- ☐ personally known to me – **OR** –  
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed  
to the within instrument, and acknowledged to me  
that he/she/they executed the same for the purposes  
therein stated.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_

Place Notary Seal/Stamp Above

Any Other Required Information  
(Printed Name of Notary, Expiration Date, etc.)

**OPTIONAL**

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Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_