

**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**

*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: \_\_\_\_\_

