

PUBLIC OFFICER/TRUSTEE/REPRESENTATIVE ACKNOWLEDGMENT

State of _____ }
County of _____ } ss.

The foregoing instrument was acknowledged before
me this _____, by
Date

Name and Title

Signature of Notary Public

Title or Rank (Such as "Notary Public")

Place Notary Seal/Stamp Above

*Any Other Required Information
(Commission Number, etc.)*

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: _____

Public Officer/Trustee/Representative Acknowledgment

The public officer/trustee/representative acknowledgment certificate may be used when a duly appointed public officer, trustee, administrator, guardian or other personal representative is signing and acknowledging

on behalf of, respectively, a government entity, trust or another individual.

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

Instructions:

1 & 2 STATE AND NAME OF COUNTY where Notary performs notarization.

3 DATE OF NOTARIZATION. Actual month, day and year in which signer appears before Notary.

4 NAME AND TITLE of signer appearing before the Notary. Initials and spelling of name should agree with document and ID card signatures. Title should include name of entity or person represented, such as "Mayor, City of Miami," "Trustee, XYZ Trust," etc.

5 SIGNATURE OF NOTARY PUBLIC exactly as name appears on commissioning paper and in seal.

6 TITLE OR RANK of notarizing officer, such as "Notary Public."

7 OTHER INFORMATION REQUIRED BY STATE LAW. Printed name of Notary, residence address or county, commission number or expiration date.

8 NOTARY SEAL IMPRINT clearly and legibly affixed.

SPACES 9–12 ARE REQUIRED IN THE STATE OF ARIZONA AND ARE OPTIONAL IN OTHER STATES. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

9 TITLE OR TYPE OF DOCUMENT notarized, such as "Deed of Trust."

10 DATE OF DOCUMENT notarized. Most but not all documents will have a date, usually at the top of following the signature. If none, insert "No Date."

11 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

12 SIGNER(S) OTHER THAN NAMED IN SPACE 4. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

PUBLIC OFFICER/TRUSTEE/REPRESENTATIVE ACKNOWLEDGMENT

State of Alaska **1**
County of Anchorage **2** ss.

The foregoing instrument was acknowledged before me this February 12, 2017, by **3**
Michael T. Smith **4**
Trustee, XYZ Trust **4**
Pat R. Jones **5**
Notary Public **6**
12345678 **7**
Pat R. Jones
Notary Public
State of Alaska
My Commission Expires Jan 30, 2020
Place Notary Seal/Stamp Above

8

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: Deed of Trust **9**
Document Date: January 30, 2016 **10** Number of Pages: 1 **11**
Signer(s) Other Than Named Above: None **12**

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