

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

*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: _____

Individual Acknowledgment

The Individual Acknowledgment certificate is used when an individual is signing and acknowledging on his or her own behalf.

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 NAME OF STATE AND NAME OF COUNTY where Notary performs notarization.

3 DATE OF NOTARIZATION.

Actual day, month and year in which signer appears before Notary.

4 NAME OF NOTARY, printed exactly as name appears on commissioning papers, in space 7 and in seal.

5 NAME(S) OF SIGNER(S) appearing before Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. Line through any remaining space.

6 HOW SIGNER(S) WAS (WERE) IDENTIFIED. Check the first box if person(s) named in space 5 is (are) personally known to Notary. Check the second box if Notary identifies signer(s) through either (a) identification documents (ID cards) or (b) oath of a personally known credible witness.

7 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers, in space 4 and in seal.

8 OTHER INFORMATION REQUIRED BY STATE LAW.

Printed name of Notary, residence address or county, commission number or expiration date, etc. Line through any remaining space.

9 NOTARY SEAL IMPRINT and any other stamp, clearly and legibly affixed.

SPACES 10–13 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.

10 TITLE OR TYPE OF DOCUMENT. The type, title or description of the document being notarized.

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

12 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.

13 SIGNER(S) OTHER THAN NAMED IN SPACE 5. Since some signers might not be named on the same notarial certificate, insert name(s) of other signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

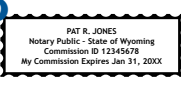
INDIVIDUAL ACKNOWLEDGMENT

1 State/Commonwealth of Wyoming } ss.
2 County of Laramie }

On this the 18th day of June, 20XX, before me,
Day Month Year
Pat R. Jones, the undersigned Notary Public,
Name of Notary Public
5 personally appeared Mary T. Richards
Name(s) of Signer(s)

6 ☒ 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.

7 Pat R. Jones
Signature of Notary Public
8 Pat R. Jones
Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

9 
Place Notary Seal/Stamp Above

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: Grant Deed
Document Date: 6/14/20XX Number of Pages: 4
Signer(s) Other Than Named Above: No Other Signer

©2023 National Notary Association



NATIONAL
NOTARY
ASSOCIATION