ALL- PURPOSE
<b>CERTIFICATE OF ACKNOWLEDGMENT</b>

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On \_\_\_\_\_\_ before me, \_\_\_\_\_\_(Here insert name and title of the officer)

personally appeared

who 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 in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature	(Notary Public Seal)
ADDITIONAL OPTIONAL INFORM     DESCRIPTION OF THE ATTACHED DOCUMENT	<ul> <li>ATION INSTRUCTIONS FOR COMPLETING THIS FORM         This form complies with current California statutes regarding notary wording and,             if needed, should be completed and attached to the document. Acknolwedgents from             other states may be completed for documents being sent to that state so long as the             wording does not require the California notary to violate California notary law.         State and County information must be the State and County where the document             signer(s) personally appeared before the notary public for acknowledgment.         Date of notarization must be the date that the signer(s) personally appeared which             must also be the same date the acknowledgment is completed.</li></ul>
(Title or description of attached document)	
(Title or description of attached document continued)	
Number of Pages Document Date	<ul> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> </ul>
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time on otarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER  Individual (s)  Corporate Officer	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>
(Title) □ Partner(s)	
□ Attorney-in-Fact	
□ Trustee(s) □ Other	
015 Version www.NotaryClasses.com 800-873-9865	• Securely attach this document to the signed document with a staple.