

**ACKNOWLEDGMENT BY NOTARY PUBLIC**

(Notary Consumer Disclosure)

**NOTE:** This form is used by a notary public when notarizing a document in compliance with the Notary Consumer Disclosure, to declare they verified the identity of the individual who acknowledges signing the document it is attached to.

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 CALIFORNIA

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
*(Name and title of 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.

Signature \_\_\_\_\_  
*(Signature of notary public)*

*(This area for official notarial seal)*

**OPTIONAL**

**Description of attached document**

Title or type of document: \_\_\_\_\_

Date of document: \_\_\_\_\_, 20\_\_\_\_\_. Number of pages in document: \_\_\_\_\_

Other: \_\_\_\_\_

**Capacity(ies) claimed by Signer(s)**

Signer's name: \_\_\_\_\_

Corporate Officer, Title(s): \_\_\_\_\_

Partner:  Limited, or  General

Individual  Attorney-in-fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is representing: \_\_\_\_\_

Signer's name: \_\_\_\_\_

Corporate Officer, Title(s): \_\_\_\_\_

Partner:  Limited, or  General

Individual  Attorney-in-fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is representing: \_\_\_\_\_