

All Purpose Acknowledgement

State of _____

County of _____

On _____, before me,

(date) (notary)

personally appeared,

(signers)

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 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

WITNESS my hand and official seal

(notary signature)

My Commission Expires: _____

OPTIONAL INFORMATION:

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

(Check One)

Individual__

Corporation Officer__

_____ title(s)

Partner(s)__

Attorney-In-Fact__

Trustee(s)__

Guardian/Conservator__

Other: _____

SIGNER IS REPRESENTING:

Name of Person(s) OR Entity(ies)

_____ Title or Type of Document

_____ Number of Pages

_____ Date of Document

_____ Other

Right Thumbprint
of Signer
(if required)