

JURAT WITH AFFIANT STATEMENT



State of _____ } ss.
County of _____

- See Attached Document (Notary to cross out lines 1–7 below)
- See Statement Below (Lines 1–7 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
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6 _____
7 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by
Date Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, 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: _____

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