JURAT County of _____ Subscribed and sworn to (or affirmed) before me this Name of Signer No. 1 Name of Signer No. 2 (if any) Signature of Notary Public Any Other Required Information Place Notary Seal/Stamp Above (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: _____

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Document Date: _____