

**General 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)