



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 \_\_\_\_\_ }

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**OPTIONAL DETAILS**

The following details, while not required by law, are intended to provide useful information and reduce the risk of fraud.

**Details concerning the attached document**

Title or description of document: \_\_\_\_\_

Document date: \_\_\_\_\_ Pages (not including this certificate): \_\_\_\_\_

**Additional details concerning the signing party(ies)**

\_\_\_\_\_  
\_\_\_\_\_

**Capacity claimed by each signing party**

Signing party's name: \_\_\_\_\_ Signing party's name: \_\_\_\_\_

Title or capacity claimed: \_\_\_\_\_ Title or capacity claimed: \_\_\_\_\_

Entity signer claims to represent: \_\_\_\_\_ Entity signer claims to represent: \_\_\_\_\_

\_\_\_\_\_

**SF Notary + Apostille**

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