

JURAT



State of _____ }
County of _____ } ss.

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.

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