

NEVADA ATTORNEY IN FACT ACKNOWLEDGMENT
N.R.S. 240.1667

State of Nevada }
County of _____ } ss.

This instrument was acknowledged before me

on _____, _____, _____,
Month Day Year

by _____ as
Name of Attorney in Fact

attorney in fact for

*Name of Principal/Person Whose
Name Is in the Document*

Place Notary Seal and/or Stamp Above

Signature of Notarial Officer

OPTIONAL

*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: _____

Signer(s) Other Than Named Above: _____

Nevada Attorney in Fact Acknowledgment

The Attorney in Fact Acknowledgment certificate is used when a person is signing and acknowledging as *attorney in fact* on behalf of another individual, the principal. The attorney in fact has the authority to sign for the principal and is said to have *power of attorney* for the principal.

On the document to be notarized, the attorney in fact signs both the name of the principal (e.g., “Michael T. Smith, Principal”) and his or her

own name (e.g., “John R. Allen, Attorney in Fact”).

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

- 1 NAME OF COUNTY** where notarial officer performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year in which signer appears before notarial officer.
- 3 NAME OF ATTORNEY IN FACT** appearing before notarial officer. Initials and spelling of name should agree with document and ID card signatures.
- 4 NAME OF PRINCIPAL** not appearing before notarial officer — as on document.
- 5 SIGNATURE OF NOTARIAL OFFICER** exactly as name appears on commissioning papers and in seal.
- 6 SEAL IMPRINT**, clearly and legibly affixed.

SPACES 7–10 ARE OPTIONAL.

Omission of information here will not affect the document’s validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

NEVADA ATTORNEY IN FACT ACKNOWLEDGMENT
N.R.S. 240.1667


State of Nevada }
County of Clark } ss.

This instrument was acknowledged before me
on August 8 2017
Month Day Year

by Michael T. Smith as
Name of Attorney in Fact

attorney in fact for
Jane G. Smith
Name of Principal/Person Whose
Name Is in the Document

Pat R. Jones
Signature of Notarial Officer

6 
Place Notary Seal and/or Stamp Above

OPTIONAL

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: Grant Deed

Document Date: 8/5/17 Number of Pages: 4

Signer(s) Other Than Named Above: No Other Signers

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- 7 TITLE OR TYPE OF DOCUMENT** notarized, such as “Grant Deed.”
- 8 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert “No Date.”
- 9 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.
- 10 SIGNER(S) OTHER THAN NAMED IN SPACE 4.** Since all principal signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert “No Other Signers.”



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