

NEVADA SHORT-FORM ACKNOWLEDGMENT BY REPRESENTATIVE
N.R.S. 240.1665

State of Nevada }
County of _____ } ss.

This instrument was acknowledged before me

on _____, _____, _____,
Month Day Year

by _____ as
Name of Signer

Type of Authority, e.g., Officer, Trustee, etc.

of _____
Name of Party on Behalf of Whom
Instrument Was Executed

Place Notary Seal and/or Stamp Above

Signature of Notary Public

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 Short-Form Acknowledgment by Representative

This acknowledgment certificate may be used when an individual is signing and acknowledging in any of the following representative capacities: for and on behalf of a corporation, partnership, trust or other entity as an authorized officer, agent, partner, trustee or other representative; as a public officer, personal representative or guardian; as an attorney in fact for a principal; or any other capacity

as an authorized representative of another.

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 Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year in which signer appears before Notary.
- 3 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with document and ID card signatures.
- 4 TYPE OF AUTHORITY** of signer — e.g., “Mayor,” “Trustee,” “Vice President,” etc.
- 5 NAME OF PARTY REPRESENTED.** Title should include name of entity or person represented — e.g., “City of Las Vegas,” “XYZ Trust Corporation,” “Joseph P. Smith Designs,” etc.
- 6 SIGNATURE OF NOTARY,** exactly as name appears on Certificate of Appointment and in seal.
- 7 NOTARY SEAL IMPRINT,** clearly and legibly affixed.

NEVADA SHORT-FORM ACKNOWLEDGMENT BY REPRESENTATIVE
N.R.S. 240.1665

State of Nevada }
County of Eiko } ss.


This instrument was acknowledged before me
2 on April 19, 2017
Month Day Year

by Michael T. Smith as **3**
Name of Signer

vice president **4**
Type of Authority, e.g., Officer, Trustee, etc.

of Joseph P. Smith Designs **5**
Name of Party on Behalf of Whom
Instrument Was Executed

Pat R. Jones **6**
Signature of Notary Public

7 
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: Deed of Trust **8**

Document Date: 4-9-17 **9** Number of Pages: 4 **10**

Signer(s) Other Than Named Above: No Other Signers **11**

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SPACES 8–11 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.

- 8 TITLE OR TYPE OF DOCUMENT** notarized, such as “Deed of Trust.”
- 9 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.”
- 10 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.
- 11 SIGNER(S) OTHER THAN NAMED IN SPACE 3.** Since all 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.”



**ROSS & ASSOCIATES
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