

NEVADA SIGNATURE BY THIRD PARTY ACKNOWLEDGMENT

State of Nevada }
County of _____ } ss.

This instrument was acknowledged before me on _____, 20_____,
Month Day Year

_____, who directed that his or her signature be
Name of Person Physically Unable to Sign Document

affixed to the above instrument by _____.
Name of Person Directed to Sign Document

Signature of Notary Public

Place Notary Seal/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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Nevada Signature by Third Party Acknowledgment

The signature by third party acknowledgment certificate may be used when a person is physically unable to sign their name and needs a notarization. If a person is physically unable to sign, the individual may direct another person, other than the Notary, to sign their name for them. The signer and the person whom he/she directs to sign their

name must be present during the notarization.

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 PERSON PHYSICALLY UNABLE TO SIGN THE DOCUMENT.** Initials and spelling of name should agree with document and ID card.
- 4 NAME OF PERSON DIRECTED TO SIGN THE DOCUMENT** on behalf of the person unable to sign. Initials and spelling of name should agree with document and ID card.
- 5 SIGNATURE OF NOTARY PUBLIC** exactly as name appears on commissioning paper and in seal.
- 6 NOTARY 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.

- 7 TITLE OR TYPE OF DOCUMENT** notarized, such as "Bill of Sale."
- 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 SPACES 3 and 4.** 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."

NEVADA SIGNATURE BY THIRD PARTY ACKNOWLEDGMENT


State of Nevada }
 County of Clark } ss.

This instrument was acknowledged before me on June 18, 2017
Month Day Year

Michael T. Smith
Name of Person Physically Unable to Sign Document who directed that his or her signature be

affixed to the above instrument by Stephen J. Richards
Name of Person Directed to Sign Document

6



Place Notary Seal/Stamp Above

Jane Q. Doe
Signature of Notary Public

5

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Bill of Sale

Title or Type of Document: _____

Document Date: June 1, 2017 Number of Pages: 1

Signer(s) Other Than Named Above: None

©2017 National Notary Association



**ROSS & ASSOCIATES
 NOTARY PUBLICS DIRECT**