

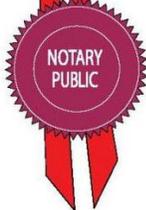
# NOTARIAL OFFICERS CERTICANTES



**NOTARIAL CERTIFICATE**

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisis enim ad minim veniam, quis nostrud exerci tution ullam corper suscipit lobortis nisi ut aliquip ex ea commodo consequat. Duis te feugit facilisi. Duis autem dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit au que duis dolore te feugiat nulla facilisi.

Lorem ipsum dolor sit amet,  
  
 Lorem ipsum dolor sit amet  
 Consectetur adipiscing





This certificate is attached to a \_\_\_\_\_ page document dated \_\_\_\_\_ entitled \_\_\_\_\_  
**AFFIDAVIT/JURAT**

State of \_\_\_\_\_  
 County of \_\_\_\_\_

I \_\_\_\_\_, swear/affirm before  
(Name of person making statement)  
 \_\_\_\_\_ that the attached instrument is true and correct.  
(Notary Public's name)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Date) by \_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
Notary Public's Signature  
 \_\_\_\_\_  
Notary Public's Name

**Signer's Identity verified by:**

Personally known to me

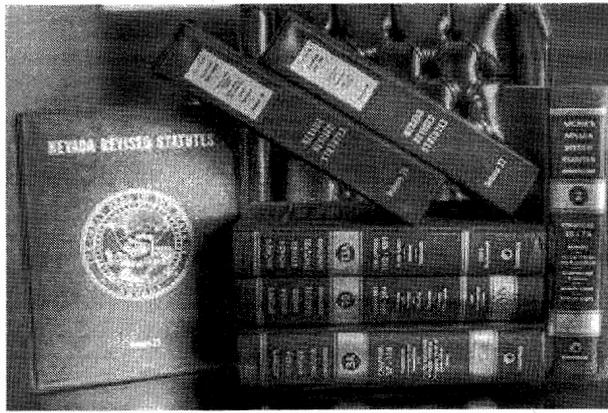
Identity proven on the oath \_\_\_\_\_  
Name of verifier

Identity proven on the basis of \_\_\_\_\_  
Source of information

[See 0]

Copyright © 1992 American Association of Notaries, Inc. PO Box 10041 Houston, TX 77241 1-800-731-2881 www.aanotaries.com

**NRS 240.166 Short form for acknowledgment in individual capacity.**



**NRS 240.166 Short form for acknowledgment in individual capacity.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for an acknowledgment in an individual capacity:

**State of Nevada**  
**County of.....**

This instrument was acknowledged before me on .....**(date)**..... by  
.....**(name(s) of person(s))**.....

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

**NEVADA INDIVIDUAL ACKNOWLEDGMENT**  
NRS 240.166

State of **NEVADA**

County of **CLARK**

} SS.



ACK CERTIFICATE -70202

This instrument was acknowledged before me

on \_\_\_\_\_ by \_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signer No. 1

(and

\_\_\_\_\_  
Name of Signer No. 2 (if any)

Place Notary Seal and/or Stamp Above.

**Signature SHAUN J FEDERICO - Notary**

**Public My Commission Expires: 08/04/2027**

**OPTIONAL**

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

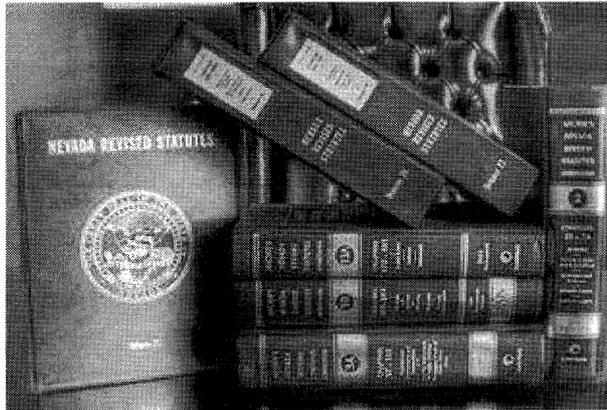
**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**NRS 240.1665 Short form for acknowledgment in representative capacity.**



**NRS 240.1665 Short form for acknowledgment in representative capacity.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for an acknowledgment in a representative capacity:

**State of Nevada**  
**County of.....**

This instrument was acknowledged before me on .....**(date)**..... by .....**(name(s) of person(s))**..... as .....**(type of authority, e.g., officer, trustee, etc.)**..... of .....**(name of party on behalf of whom instrument was executed)**.....

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**



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

State of **NEVADA** }  
County of **CLARK** } 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

**SHAUN J FEDERICO - Notary Public**  
My Commission Expires: 08/04/2027

**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: \_\_\_\_\_

**NRS 240.169 Short form for acknowledgment of credible witness.**



**NRS 240.169 Short form for acknowledgment of credible witness.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for an acknowledgment of a credible witness:

**State of Nevada**  
**County of.....**

This instrument was acknowledged before me on .....**(date)**..... by .....**(name of person)**..... who personally appeared before me and whose identity I verified upon the oath of .....**(name of credible witness)**....., a credible witness personally known to me and to the person who acknowledged this instrument before me.

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

**NEVADA CREDIBLE-WITNESS ACKNOWLEDGMENT**  
NRS 240.169

State of NEVADA  
County of CLARK

} ss.

This instrument was acknowledged before me

on \_\_\_\_\_  
Month Day Year

by \_\_\_\_\_  
Name of Signer No. 1

(and

\_\_\_\_\_  
Name of Signer No. 2 (if any)

who personally appeared before me and whose  
identity I verified upon the oath of

\_\_\_\_\_  
Name of Credible Witness

a credible witness personally known to me and to  
the person(s) who acknowledged this instrument  
before me.

Place Notary Seal and/or Stamp Above

SHAUN J FEDERICO - Notary Public  
My Commission Expires: 08/04/2027

**OPTIONAL**

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

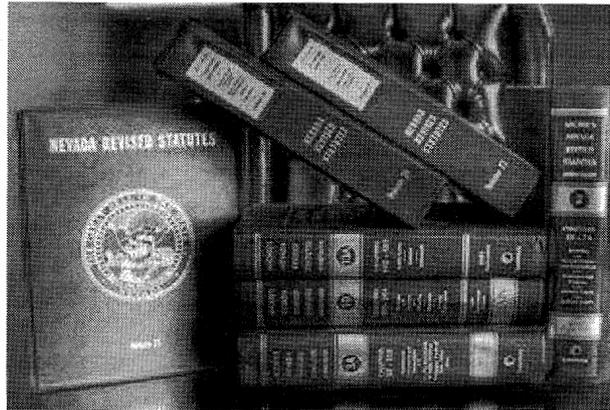
**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**NRS 240.1667 Short form for acknowledgment containing power of attorney.**



**NRS 240.1667 Short form for acknowledgment containing power of attorney.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for an acknowledgment that contains a power of attorney:

**State of Nevada**  
**County of .....**

This instrument was acknowledged before me on .....**(date)**..... by .....**(name of person holding power of attorney)**..... as attorney-in-fact for .....**(name of principal/person whose name is in the document)**.....

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

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



State of **NEVADA**  
County of **CLARK** } ss.

This instrument was acknowledged before me

on \_\_\_\_\_  
Month Day Year

by \_\_\_\_\_ as  
*Name of Person who is 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: \_\_\_\_\_

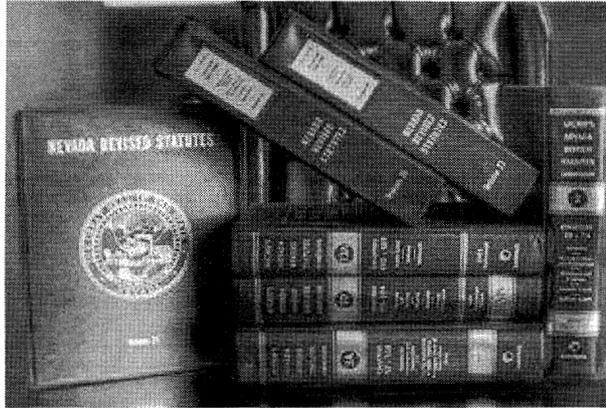
Signer(s) Other Than Named Above: \_\_\_\_\_

©2023 H2H NOTARY LLC

Disclaimer: I am not an attorney. I cannot by law, interpret or explain the contents of any documents to you. If you have any important questions about your documents, please contact an attorney or the person who provided the documents to you.

**NRS 240.017/NAC 240.340 :**

Person physically unable to sign a document who directs another person to sign is required to appear before a notarial officer with such other person at time of signing; short form for acknowledgment.



**NAC 240.340 Person physically unable to sign document who directs another person to sign required to appear before notarial officer with such other person at time of signing; short form for acknowledgment. (NRS 240.017)**

The following certificate is sufficient for an acknowledgment by a person who is physically unable to sign a document and directs another person to sign the person's name on the document pursuant to NRS 240.1655:

**State of Nevada**  
**County of.....**

This instrument was acknowledged before me on.....**(date)** by.....**(name of person physically unable to sign the document)** who directed that his or her signature be affixed to the above instrument by.....**(name of person directed to sign the document)**.

(Seal, if any)

.....  
**(Signature of notarial officer)**  
.....  
**(Title and rank (optional))**

**(Added to NAC by Sec'y of State by R116-13, eff. 3-28-2014)**

**NEVADA SIGNATURE BY THIRD PARTY ACKNOWLEDGMENT**

State of NEVADA

County of CLARK

} 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: \_\_\_\_\_

**NRS 240.167 Short form for execution of jurat.**



The jurat is that part of the document, such as an affidavit or verification, in which you as a notarial officer state that it was sworn to (or affirmed) before you.

You must first administer an oath by swearing in the document signer. You ask,

**"Do you swear that the statements in this document are true so help you God?" or "Do you affirm that the statements in this document are true".**

The document signer then answers, "Yes." The person then signs the document in your presence, and you complete the jurat.

**NRS 240.167 Short form for execution of jurat.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for executing a jurat:

**State of Nevada**  
**County of.....**

Signed and sworn to (or affirmed) before me on .....(date)..... by .....(name(s)  
of person(s) making statement).....

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

# JURAT NEVADA NRS 240



State of **NEVADA** }  
County of **CLARK** } **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 SHAUN J FEDERICO -Notary Public*

\_\_\_\_\_  
*My Commission Expires: 08/04/2027*

*Place Notary Seal/Stamp Above*

## 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.*

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

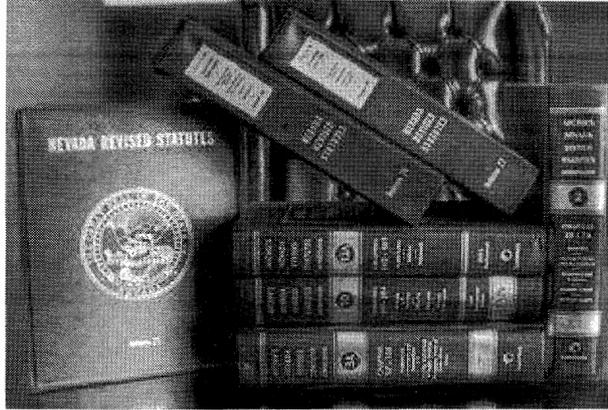
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: N/A

©2023 H2H NOTARY, LLC

**Disclaimer:** I am not an attorney. I cannot by law, interpret or explain the contents of any documents to you. If you have any important questions about your documents, please contact an attorney or the person who provided the documents to you.

**NRS 240.1685 Short form for jurat of subscribing witness.**



**NRS 240.1685 Short form for jurat of subscribing witness.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for a jurat of a subscribing witness:

**State of Nevada**  
**County of.....**

On .....**(date)**....., .....**(subscribing witness)**..... personally appeared before me, whom I know to be the person who signed this jurat of a subscribing witness while under oath, and swears that he or she was present and witnessed .....**(signer of the document)**..... sign his or her name to the above document.

.....  
**(Signature of subscribing witness)**

Signed and sworn before me on .....**(date)**..... by .....**(subscribing witness)**.....

.....  
**(Signature of notarial officer)**

(Seal, if any)

.....  
**(Title and rank (optional))**

**JURAT WITH AFFIANT STATEMENT**

State of NEVADA }  
County of CLARK } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Document Signer No. 1*

\_\_\_\_\_  
*Signature of Document Signer No. 2 (if any)*

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)*

**SHAUN J FEDERICO - Notary Public**

*Place Notary Seal/Stamp Above*

**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.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**NRS 240.168 Short form for certifying copy of document.**



**NRS 240.168 Short form for certifying copy of document.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for certifying a copy of a document:

**State of Nevada**  
**County of.....**

I certify that this is a true and correct copy of a document in the possession of  
.....**(name of person who presents the document)**.....

**Dated.....**

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**



**NEVADA COPY CERTIFICATION BY NOTARY**  
**NRS 240.168**

STATE OF NEVADA  
COUNTY OF CLARK

} ss.

I certify that this is a true and correct copy of a document in the possession of

\_\_\_\_\_  
*Name of Person Who Presents the Document*

Dated this \_\_\_\_ day of \_\_\_\_  
*Day Month Year*

*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**

Address Where Original is Kept: \_\_\_\_\_

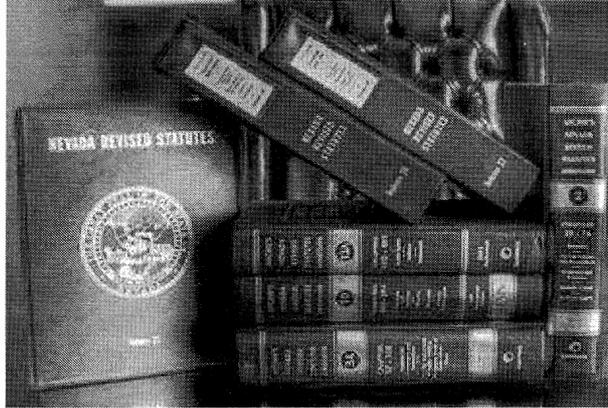
Capacity / Title Claimed by Presenter: \_\_\_\_\_

Title or Type of Original Document: \_\_\_\_\_

Original Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) or Issuing Agency: \_\_\_\_\_

**NRS 240.19902 Short form for certifying copy of electronic document**



**NRS 240.19902 Short form for certifying copy of electronic document.** Upon compliance with the requirements of NRS 240.199, the following certificate is sufficient for certifying that a paper document is a true and correct copy of an electronic document:

**State of Nevada**  
**County of.....**

I certify that this is a true and correct copy of an electronic document printed by me or under my supervision. I further certify that, at the time of printing, no security features present on the electronic document indicated any changes or errors in an electronic signature or other information in the electronic document since its creation or execution.

**Dated.....**

**(Seal, if any)**

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

**CERTIFYING COPY OF ELECTRONIC DOCUMENT  
NRS 240.19902**



State of NEVADA }  
County of CLARK } S.S.

I certify that this is a true and correct copy of an electronic document printed by me or under my supervision. I further certify that, at the time of printing, no security features present on the electronic document indicated any changes or errors in an electronic signature or other information in the electronic document since its creation or execution.

\_\_\_\_\_  
*Name of Person Who Presents the Document*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

*Place Notary Seal and/or Stamp Above*

\_\_\_\_\_  
*Signature of SHAUN J FEDERICO 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**

Address Where Original is Kept: \_\_\_\_\_

Capacity / Title Claimed by Presenter: \_\_\_\_\_

Title or Type of Original Document: \_\_\_\_\_

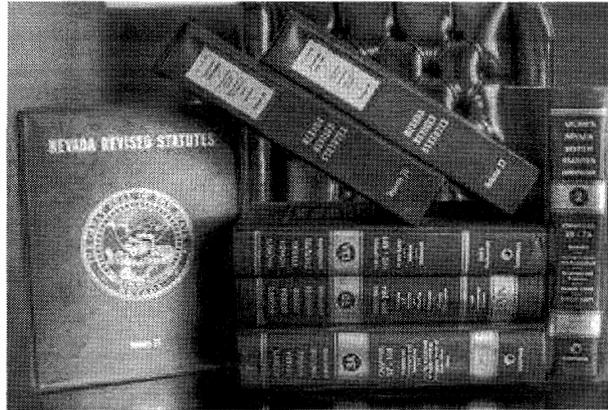
Original Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) or Issuing Agency: \_\_\_\_\_

©2023 H2H NOTARY LLC

I AM NOT AN ATTORNEY IN THE STATE OF NEVADA. I AM NOT LICENSED TO GIVE LEGAL ADVICE. I MAY NOT ACCEPT FEES FOR GIVING LEGAL ADVICE.

**NRS 240.1663 Short form for administering oath or affirmation of office.**



**NRS 240.1663 Short form for administering oath or affirmation of office.** Upon compliance with the requirements of NRS 240.1655, the following certificate is sufficient for administering an oath or affirmation of office:

**State of Nevada**  
**County of.....**

I, .....**(name of person taking oath or affirmation of office)**....., do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States and the Constitution and Government of the State of Nevada against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all the duties of the office of .....**(title of office)**....., on which I am about to enter; (if an oath) so help me God; (if an affirmation) under the pains and penalties of perjury.

.....  
**(Signature of person taking oath  
or affirmation of office)**

Signed and sworn to (or affirmed) before me on .....**(date)**..... by .....**(name of person taking oath or affirmation of office)**.....

(Seal, if any)

.....  
**(Signature of notarial officer)**

.....  
**(Title and rank (optional))**

**ADMINISTERING OATH OR AFFIRMATION OF OFFICE  
NRS 240.1655**



State of **NEVADA** }  
County of **CLARK** } **s.s.**

I \_\_\_\_\_, do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States and the Constitution and Government of the State of Nevada against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, and ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all duties of the office of \_\_\_\_\_, on which I am about to enter;  
(i an oath) so help me God; (if an affirmation) under the pains and penalties of perjury.

by \_\_\_\_\_

Signed and sworn to (or affirmed) before me on  
on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year

by \_\_\_\_\_

*Place Notary Seal and/or Stamp Above*

\_\_\_\_\_  
SIGNATURE OF NOTARIAL OFFICER

**OPTIONAL**

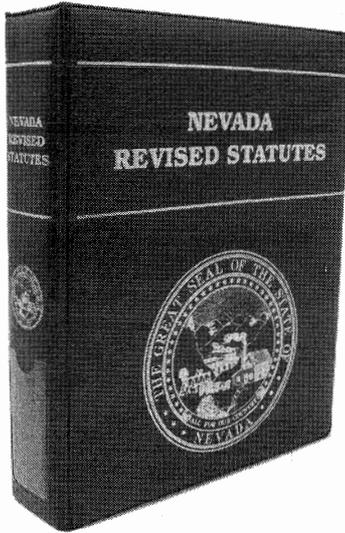
*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number Pages: \_\_\_\_\_

# Translator's Acknowledgment:



The following format and wording is sufficient for a Translator's Acknowledgment:

I [TRANSLATOR'S NAME] certify that I am fluent in English and (translated language on document) that I am competent to perform the translation and that the above translation is the complete and accurate translation of the document entitled (document title).

Signature of Translator \_\_\_\_\_

State of Nevada

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_ [DATE] \_\_\_\_

by \_\_\_\_\_ [NAME OF TRANSLATOR] \_\_\_\_\_.

(Notary stamp)

\_\_\_\_\_  
(Signature of notarial officer)

TRANSLATOR'S ACKNOWLEDGMENT



State of NEVADA }  
County of CLARK } s.s.

This instrument was acknowledged before me

on \_\_\_\_\_  
Month Day Year

I \_\_\_\_\_ certify that I am  
fluent in English and \_\_\_\_\_, that I am competent  
to perform the translation and that the above translation is  
the complete and accurate translation of the document  
entitled \_\_\_\_\_.

by \_\_\_\_\_  
SIGNATURE OF TRANSLATOR

Place Notary Seal and/or Stamp Above

\_\_\_\_\_  
SHAUN J FEDERICO - Public Notary

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 Pages: \_\_\_\_\_