

|   |  |                    |  |  |  |
|---|--|--------------------|--|--|--|
| Name of Signer <i>(printed)</i>   |  | Signer's Signature |  | Fee Charged:\$   |  |
| Signer's FULL Address   |  |                    |  | Phone No.  |  |
| Notary Service(s) Performed <input type="checkbox"/> Jurat <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Oath  |  |                    |  | Date Notarized: Time:                                    |  |
| Other (Details)   |  |                    |  | AM PM  |  |
| Document:   |  | Document Date:     |  | <b>IDENTIFICATION</b>                                    |  |
| <input type="checkbox"/> Affidavit <input type="checkbox"/> Trust <input type="checkbox"/> Acknowledgement<br><input type="checkbox"/> Mortgage/Deed <input type="checkbox"/> Will <input type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Auto Title <input type="checkbox"/> Claim <input type="checkbox"/> Other: _____ |  | Type:              |  | Notes/Comments:  |  |
| Notary Service Performed at:  |  | Number:            |  | Issued By:   |  |
| Witness Name/Address:   |  | Witness Signature: |  | Expires:   |  |
|   |  |                    |  | Known Personally:  |  |
|   |  |                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |  |                    |  | <b>RECORD NUMBER</b>                                     |  |
|   |  |                    |  | <b>000</b>   |  |