

STATE OF **FLORIDA**

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____, who provided
_____ as identification and
by _____, who provided
_____ as identification.

I further certify that the nature and effect of the document was translated to _____
for _____
by _____
prior to notarization

(Signature of Notary Public)

(Printed name of Notary Public)

My commission expires: _____

----- **Optional** -----

*Though the information below is not required by law, it may prove valuable to persons relying on the document
and could prevent fraudulent removal and reattachment of this form to another document.*

Description of Attached Document

Title of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

- Individual
- Corporate Officer – Title(s): _____
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____