

PENNSYLVANIA REPRESENTATIVE ACKNOWLEDGMENT

State of Pennsylvania

County of _____

This record was acknowledged before me on _____ by _____
Date *Name(s) of Individuals*

as _____ who represent that he/she/they
Type of Authority, e.g. Officer, Trustee, etc.

are authorized to act on behalf of _____
Name of Party on Behalf of Whom Record Was Executed

Signature of Notarial Officer

Printed Name of Notarial Officer

Title of Office

Place Official Stamp/Notary Seal Above

My Commission Expires: _____

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: _____

Pennsylvania Representative Acknowledgment

The representative acknowledgment certificate may be used when an individual is signing and acknowledging on behalf of another person or on behalf of a legal entity such as a corporation, partnership, trust, etc.

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 day, month and year in which signer(s) appear(s) before Notary.
- 3 **NAME(S) OF SIGNER(S)** appearing before Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. If there is only one signer, line through any remaining space.
- 4 **REPRESENTATIVE CAPACITY** of signer – e.g., “Mayor,” “Trustee,” “Vice President,” etc. Line through any remaining space.
- 5 **NAME OF PERSON OR ENTITY** the signer(s) is/are representing. It could be the name of a condominium association, such as “Blue Lagoon Condo Assn.” Or it could be multiple entities, such as “XYZ Corp., partner in Mutual Enterprises, a partnership.” Line through any remaining space.
- 6 **SIGNATURE OF NOTARIAL OFFICER,** exactly as name appears on commissioning papers and in seal.
- 7 **PRINTED NAME OF NOTARIAL OFFICER.** If the Notarial Officer’s signature is illegible, the Notarial Officer must print their name below their signature.
- 8 **TITLE OF OFFICE,** of person notarizing document. In the case of a Notary, “Notary Public” would be the title.

9 **COMMISSION EXPIRATION DATE** of Notarial Officer, exactly as it appears on commissioning papers and in seal.

10 **OFFICIAL STAMP/NOTARY SEAL IMPRINT** clearly and legibly affixed.

SPACES 11-14 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.

11 **TITLE OR TYPE OF DOCUMENT** notarized, such as “Deed of Trust.”

12 **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.”

13 **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.

14 **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.”

PENNSYLVANIA REPRESENTATIVE ACKNOWLEDGMENT

State of Pennsylvania
 County of Westmoreland ①

This record was acknowledged before me on June 18, 2017 ② by Michael T. Smith ③
Date Name(s) of Individual(s)

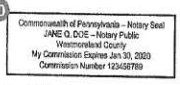
④ as Vice President who represent that he/she/they
Type of Authority, e.g. Officer, Trustee, etc.

are authorized to act on behalf of Blue Lagoon Condo Assn. ⑤
Name of Party on Behalf of Whom Record Was Executed

Jane Q. Doe ⑥
Signature of Notarial Officer

Jane Q. Doe ⑦
Printed Name of Notarial Officer

Notary Public ⑧
Title of Office

⑩  Place Official Stamp/Notary Seal Above

My Commission Expires: Jan. 30, 2020 ⑨

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 ⑪

Document Date: June 1, 2017 ⑫ Number of Pages: 1 ⑬

Signer(s) Other Than Named Above: No Other Signers ⑭

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