

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455(03-13), §5(d)



Commonwealth of Massachusetts }
County of _____ } ss.

On this the _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public, personally appeared
Name of Notary Public

_____, proved to me through
Name(s) of Signer(s)

satisfactory evidence of identification, which was/were _____

_____, *Description of Evidence of Identity*
to be the person(s) whose name(s) is/are
signed on the preceding or attached document, and acknowledged to me that
he/she/they signed it voluntarily for its stated purpose(.)

as partner(s) for _____
Name of Partnership
_____, a partnership.

as _____ for
Title of Office
_____, a corporation.
Name of Corporation

as attorney in fact for _____
Name of Principal Signer
_____, the principal.

as _____ for _____
Type of Capacity
_____, a/the _____
Name of Person/Entity Type of Entity

Signature of Notary Public

Printed Name of Notary

Place Notary Seal and/or Stamp Above My Commission Expires: _____

OPTIONAL

Though this section is optional, completing this information can deter alteration 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: _____

Massachusetts All-Purpose Acknowledgment

The All-Purpose Acknowledgment certificate is used when an individual is signing and acknowledging either on his or her own behalf, or as a representative on behalf of another person or legal entity such as a corporation.

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 appears before Notary.
- 3 NAME OF NOTARY**, printed exactly as name appears on commissioning paper, on seal and in signature.
- 4 NAME(S) OF SIGNER(S)** appearing before Notary. Initials and spelling should agree with name(s) signed on document and ID card signatures. Adapt “person(s),” “name(s),” “is/are” and “he/she/they,” below, to number of signer(s) named here.
- 5 HOW SIGNER(S) WAS/WERE IDENTIFIED.** Describe type of satisfactory evidence of identity relied on, such as “Personal knowledge of identity,” or “Massachusetts driver’s license,” or “Personally known credible identifying witness.” Adapt “was/were” depending on whether one or more type of evidence described.
- 6 REPRESENTATIVE CAPACITY**
If signer is not acting on his or her own behalf as an individual, one of the following four boxes must be checked and the respective blank space(s) filled in:

- A PARTNERSHIP.** If signer(s) is/are acknowledging as partner(s) of partnership, check top box and write in name of partnership.
- B CORPORATION.** If signer is acknowledging as officer of a corporation, check second box, write in corporate title of signer and name of corporation.
- C ATTORNEY IN FACT.** If signer is acknowledging as attorney in fact, check third box and write in name of absent principal signer.
- D OTHER.** If signer is acknowledging in capacity not listed above, check bottom box and write in type of capacity (i.e., director, trustee, legal guardian, etc.) name of person or entity represented, and type of entity (i.e., minor child, trust, etc.).

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT
Gov. Exec. Ord. #455(03-13), §5(d)

Commonwealth of Massachusetts
County of **1** Norfolk } ss.

On this the **2** 14th day of February, 2013, before me,
Day Month Year

3 Pat R. Jones, the undersigned Notary Public, personally appeared
Name of Notary Public

4 Mary T. Richards, proved to me through
Name(s) of Signer(s)


satisfactory evidence of identification, which was **5** Massachusetts Driver's license
Description of Evidence of Identity

6 as partner(s) for _____ a partnership.
Name of Partnership

6 as _____ for _____ a corporation.
Title of Office Name of Corporation

6 as attorney in fact for _____ the principal.
Name of Principal Signer

6 as _____ for _____ a/the _____
Type of Capacity

10  **7** Pat R. Jones
Signature of Notary Public

8 Pat R. Jones
Printed Name of Notary

Place Notary Seal and/or Stamp Above My Commission Expires: **9** May 25, 2016

OPTIONAL

Though this section is optional, completing this information can deter alteration or fraudulent reattachment of this form to an unintended document.

Description of Attached Document **11** Grant Deed Document Date: **12** 2/14/13

Number of Pages: **13** One Signer(s) Other Than Named Above: **14** No other signers

© 2013 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5951

- 7 SIGNATURE OF NOTARY**, exactly as name appears on commissioning paper and in seal.
- 8 PRINTED NAME OF NOTARY**, exactly as name appears on commissioning paper and in seal.
- 9 NOTARY'S COMMISSION EXPIRATION DATE**, exactly as it appears on commissioning paper.
- 10 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.**
The type, title or description of the document being notarized, such as “Grant Deed.”
- 12 DATE OF DOCUMENT** notarized.
Most but not all documents will have a date, usually at the top of the page 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 4.** Since some signers might not be named on the same notarial certificate, insert name(s) of other signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert “No Other Signers.”



NATIONAL NOTARY ASSOCIATION

9350 De Soto Avenue • Chatsworth, CA 91311-4926 • 1-800-876-6827 • www.NationalNotary.org