

ALL-PURPOSE ACKNOWLEDGMENT

Commonwealth of Virginia  
City / County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
DATE NAME OF NOTARY PUBLIC

NAME(S) OF SIGNER(S)

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. [Place Notary Seal or Stamp Here]

\_\_\_\_\_  
Signature of notary

\_\_\_\_\_  
Name of notary

Expiration Date: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Optional: Description of Attached Document

Title or type of document \_\_\_\_\_

Number of pages (including acknowledgment) \_\_\_\_\_

Date of document \_\_\_\_\_

**\*\*THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED ABOVE\*\***

