

CERTIFICATE OF ACKNOWLEDGEMENT FOR A PERSON WHO  
IS UNABLE TO WRITE. SIGNATURE BY MARK (X).

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

On \_\_\_\_\_ before me, \_\_\_\_\_,  
a Notary Public in and for said State / Commonwealth, personally appeared before me

\_\_\_\_\_

known to me to be the person, who being unable to write, request and in his/her presence on the within (type of document) and he/she acknowledged to me and the two witnesses who have signed and printed their names and addresses hereto, that he/she made his/her mark for the purposes therein stated.

WITNESS my hand and official seal.

[Place Notary Seal or Stamp Here]

\_\_\_\_\_  
Notary Public Signature

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

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

(Signature of 1st Witness) \_\_\_\_\_  
(Printed Name of 1st Witness) \_\_\_\_\_  
(Address of 1st Witness) \_\_\_\_\_

(Signature of 2nd Witness) \_\_\_\_\_  
(Printed Name of 2nd Witness) \_\_\_\_\_  
(Address of 2nd Witness) \_\_\_\_\_

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\*\***

