**WASHINGTON NOTARY ACKNOWLEDGEMENT**

**(INDIVIDUAL)**

State of Washington

County of \_\_\_\_\_\_\_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Person] is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Signature

(Seal or stamp)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

My appointment expires:\_\_\_\_\_\_\_\_\_\_

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