

NEW YORK ALL-PURPOSE ACKNOWLEDGMENT
REAL PROPERTY LAW §309-a

State of New York }
County of _____ } ss.

On the _____ day of _____ in the year _____ before me,
Day Month Year
the undersigned personally appeared _____,
Name of Signer

(and _____,) personally known to me or
Name of Additional Signer, if Any

proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary Public
Notary Public — State of New York
Place Seal Below OR Complete Lines Below

Name of Notary

Name of County in Which Originally Qualified

Commission Expiration Date

Name of County in Which Certificate of Official Character Filed (if required)

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: _____

New York All-Purpose Acknowledgment

This New York All-Purpose Certificate of Acknowledgment must be used for a conveyance or other document in respect to real property within New York state. It also may be used for other documents when an individual is signing on his or her own behalf or as an attorney in fact, corporate officer, partner or in most any other representative capacity.

The optional section at the bottom can deter alteration of the document on 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(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, cross or line through the second space to prevent later unauthorized insertion of a name.
- 4 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and, if used, in seal or stamp.
- 5 NOTARY SEAL IMPRINT OR PRINT NOTARY COMMISSION INFORMATION.** Clearly and legibly affix Notary seal, if used, or print commission information.

SPACES 6–9 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.

- 6 TITLE OR TYPE OF DOCUMENT** notarized, such as "Grant Deed."
- 7 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."
- 8 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.
- 9 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 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."

NEW YORK ALL-PURPOSE ACKNOWLEDGMENT
REAL PROPERTY LAW §309-a

State of New York
County of Albany } ss.

On the 20th day of June in the year 20XX before me,
the undersigned personally appeared Michael T. Smith
(and _____) personally known to me or
_____ personally known to me or
proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Pat R. Jones
Signature of Notary Public
Notary Public — State of New York
Place Seal Below OR Complete Lines Below

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PAT R. JONES
Notary Public - State of New York
NO. 123456789
Qualified in Albany County
My Commission Expires July 31, 20XX

Name of Notary _____
Name of County in Which Originally Qualified _____
Commission Expiration Date _____
Name of County in Which Certificate of Official Character Filed (if required) _____

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: Grant Deed
Document Date: 6/19/20XX Number of Pages: 4
Signer(s) Other Than Named Above: No Other Signers

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