

## 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.

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

(Seal or Stamp)

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

My commission expires: \_\_\_\_\_

Name of Document \_\_\_\_\_

Date of Document \_\_\_\_\_

Number of Pages \_\_\_\_\_