**WASHINGTON NOTARY ACKNOWLEDGMENT**

State of Washington

County of [COUNTY]

I certify that I know or have satisfactory evidence that [SIGNER NAME] (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: [DATE]

(Seal or Stamp)

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

Signature

[NOTARY TITLE]

Title

My Appointment Expires: [DATE]