

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

## **DELAWARE NOTARY ACKNOWLEDGMENT**

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On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ [Name of Notary Public], \_\_\_\_\_ [Name of Document Signer] personally appeared virtually/in person and known to me personally or proven to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is subscribed to the preceding or attached document, and acknowledged to me that s/he signed it voluntarily for its stated purpose.

The signer is signing  
(as partner for \_\_\_\_\_, a partnership)  
(as \_\_\_\_\_ for \_\_\_\_\_, a corporation)  
(as attorney in fact for \_\_\_\_\_, the principal)  
(as an individual on behalf of himself or herself)  
(as \_\_\_\_\_ for \_\_\_\_\_ (a) (the) \_\_\_\_\_)

The document being acknowledged is \_\_\_\_\_, dated \_\_\_\_\_, and consisting of \_\_\_\_\_ pages.

I certify under penalty of perjury under the laws of \_\_\_\_\_ that the foregoing paragraph is true and correct to the best of my knowledge.

WITNESS my hand and seal.

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

\_\_\_\_\_  
Notary Printed Name

(SEAL)

\_\_\_\_\_  
Title/Rank, if applicable

\_\_\_\_\_  
Registration/Serial Number, Notary ID, or Bar Number (where applicable)

My Commission/Appointment Expires \_\_\_\_\_

The notary public completing this acknowledgement verifies only the identity of the individual who signed the document to which this certification is attached, and not to the truthfulness, accuracy, or validity of the document itself.

