**WISCONSIN NOTARIAL CERTIFICATES**

**For an acknowledgment in an individual capacity:**

State of Wisconsin County of

This instrument was acknowledged before me on (date) by (name(s) of person(s).

(Seal, if any) Signature of notarial officer

Title (and Rank)

My commission expires:

# For an acknowledgment in a representative capacity:

State of Wisconsin County of

This instrument was acknowledged before me on (date) by (name(s) of person(s) as (type of authority, e.g., officer, trustee, etc.) of (name of party on behalf of whom the instrument was executed).

(Seal, if any) Signature of notarial officer

Title (and Rank)

My commission expires:

# For verification upon oath or affirmation:

State of Wisconsin County of

Signed and sworn to (or affirmed) before me on (date) by (name(s) of person(s)).

(Seal, if any) Signature of notarial officer

Title (and Rank)

My commission expires:

# For witnessing or attesting a signature:

State of Wisconsin County of

Signed or attested before me on (date) by (name(s) of person(s)).

(Seal, if any) Signature of notarial officer

Title (and Rank)

My commission expires:

# For attestation of a copy of a document:

State of Wisconsin County of

I certify that this is a true and correct copy of a document in the possession of

 .

Dated:

(Seal, if any) Signature of notarial officer

Title (and Rank)

My commission expires: