

## North Dakota Notarial Certificates

### **Acknowledgment by Individual:**

State of North Dakota  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me personally appeared \_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_) to be the person who is described in and who executed the within instrument, and acknowledged to me that that he/she/they executed the same.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires: \_\_\_\_\_

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

State of North Dakota  
County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name(s) of Individual(s)).

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires: \_\_\_\_\_

### **For an acknowledgment in a representative capacity:**

State of North Dakota  
County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (Name(s) of Individual(s)) \_\_\_\_\_ (type of authority, such as officer or trustee) of \_\_\_\_\_ (name of party on behalf of whom record was executed).

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires: \_\_\_\_\_

### **For verification on oath or affirmation:**

State of North Dakota  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
(Name(s) of Individual(s) making statement).

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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

**For witnessing or attesting a signature:**

State of North Dakota  
County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (Name(s) of  
Individual(s)).

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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

**For certifying a copy of a record:**

State of North Dakota  
County of \_\_\_\_\_

I certify that this is a true and correct copy of a record in the possession of \_\_\_\_\_.

Dated \_\_\_\_\_

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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

**Acknowledgment by corporation:**

State of North Dakota  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me (here insert the name and  
quality of the notarial officer) personally appeared \_\_\_\_\_ known to me (or  
proved to me on the oath of \_\_\_\_\_) to be the president (or other officer or person) of

the corporation that is described in and that executed the within instrument, and acknowledged to me that such corporation executed the same.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires:\_\_\_\_\_

**Acknowledgment by a limited liability company:**

State of North Dakota  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me (here insert the name and quality of the manager) personally appeared \_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_) to be the president (or other manager or person) of the limited liability company that is described in and that executed the within instrument, and acknowledged to me that such limited liability company executed the same.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires:\_\_\_\_\_

**Acknowledgment by attorney in fact:**

State of North Dakota  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me \_\_\_\_\_ (here insert the name and quality of the officer), personally appeared \_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_) to be the person who is described in and whose name is subscribed to the within instrument as the attorney in fact of \_\_\_\_\_ and acknowledged to me that that he/she subscribed the name of \_\_\_\_\_ thereto as principal and his/her own name as attorney in fact.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)  
(Title of Office)  
My commission expires:\_\_\_\_\_

**Acknowledgment by deputy sheriff:**

State of North Dakota  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_ before me, a \_\_\_\_\_, in and for said county, personally appeared \_\_\_\_\_, known to me to be the person who is described in and whose name is subscribed to the within instrument as deputy sheriff of said county and acknowledged to me that he/she subscribed the name of \_\_\_\_\_ thereto as sheriff of said county and his/her own name as deputy sheriff.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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

**Acknowledgment of a Mark**

*John X Doe*

*His Mark*

\_\_\_\_\_  
**John Doe**

Witnesses:

\_\_\_\_\_  
Printed Name and Address of Witness

\_\_\_\_\_  
Printed Name and Address of Witness

State of North Dakota

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of principal signer), who signed by way of mark in the presence of these witnesses.

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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

**Acknowledgment of a Person with Disability**

“Signature” of person with disability

By (Name of person signing on behalf of person with disability)

Witnesses:

\_\_\_\_\_  
Printed Name and Address of Witness

\_\_\_\_\_  
Printed Name and Address of Witness

State of North Dakota

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

The foregoing instrument was acknowledged/sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person signing on behalf of person unable to sign) in the presence of and at the direction of \_\_\_\_\_ (name of person unable to sign) and in the presence of this/these witness(es).

(Stamp)

\_\_\_\_\_  
(Signature of Notarial Officer)

(Title of Office)

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