

This notarization is attached to a document of _____ pages concerning/titled _____.

ACKNOWLEDGMENT FOR INDIVIDUAL PHYSICALLY UNABLE TO SIGN

(“Signature” of Person with Disability)

By: _____

(Printed Name of Notary)

Signature affixed by notary, pursuant to
s. 117.05(14), Florida Statutes

(Signature of Witness One)

(Signature of Witness Two)

(Printed Name of Witness One)

(Printed Name of Witness Two)

(Address of Witness One)

(Address of Witness Two)

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online
notarization, this _____ day of _____, _____, by
(Date) (Month) (Year)

by _____
(Printed Name of Person Acknowledging)

and subscribed by _____ at the direction of
(Name of Notary Public)

and in the presence of _____
(Name of Person Acknowledging)

and in the presence of these witnesses.

(Signature of Notary Public, State of Florida)

(Printed Name of Notary Public)

Personally Known Produced Identification

Type of Identification Produced: _____

Witness One: _____

Witness Two: _____