

CALIFORNIA DOCUMENT CERTIFICATION BY DOCUMENT CUSTODIAN

I, _____, hereby swear (or affirm) that the attached original
of _____ is a true, correct and complete
Description of Original Document
original of a document in my possession.

Signature of Custodian of Original Document

State of California

Address

County of _____

Subscribed and sworn to (or affirmed) before me on
this _____ day of _____, 20____, by
Date Month Year

Name of Custodian of Original Document

proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

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Title or Type of Document: _____

Document Date: _____ Identifying No.: _____ No. of Pages: _____

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Individual Attorney Trustee Business Proprietor or Manager

Corporate Officer — Title: _____

University or School Officer — Title: _____

Governmental Officer or Agent — Title: _____

Other: _____

Custodian Is Representing: _____

RIGHT THUMBPRINT
OF CUSTODIAN

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