

**ND Notarial Certificates**

**General Certificate of Acknowledgment:**

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 person (or they) executed the same.

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Short Forms of Acknowledgment:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging).

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Certificate of Acknowledgment executed by a corporation:**

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 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.

(Seal/Stamp) \_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Short Forms Acknowledgment for a corporation:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of officer or agent and title of officer or agent) of \_\_\_\_\_ (name of corporation acknowledging), a \_\_\_\_\_ (state or place of incorporation) corporation, on behalf of the corporation.

(Seal/Stamp) \_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Certificate of Acknowledgment executed 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.

(Seal/Stamp) \_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Short Forms Acknowledgment for a limited liability company:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ (name of manager or agent and title of manager or agent) of  
\_\_\_\_\_ (name of limited liability company acknowledging), a \_\_\_\_\_  
(state or place of organization) limited liability company, on behalf of the limited liability  
company.

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Short Forms Acknowledgment for a partnership:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ (name of acknowledging partner or agent) partner (or agent),  
on behalf of \_\_\_\_\_ (name of partnership), a partnership.

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Certificate of Acknowledgment by an 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 person subscribed the name of  
\_\_\_\_\_ thereto as principal and that person's own name as attorney in fact.

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Short Forms of Acknowledgment for an individual acting as attorney in fact for a principal:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ (name of attorney in fact) as attorney in fact on behalf of  
\_\_\_\_\_ (name of principal).

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Short Forms of Acknowledgment for a public officer, trustee, guardian, personal representative, or other representative:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ (name and title of position).

(Seal/Stamp)

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Certificate of Acknowledgment by deputy sheriff:**

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

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_ 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 that person subscribed the name of \_\_\_\_\_ thereto as sheriff of said county and that person's own name as deputy sheriff.

(Seal/Stamp) \_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Title or rank)  
(Serial number, if any)  
Type or Stamp Name of Notary  
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.

(Seal/Stamp) \_\_\_\_\_  
Print, Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Acknowledgment of a Person with Disability**

\_\_\_\_\_  
"Signature" of person with disability  
By (Name of Designated person)

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 person with disability), and  
subscribed by \_\_\_\_\_ (name of designated person) in the presence of and at the  
direction of \_\_\_\_\_ (name of person with disability).

(Seal/Stamp)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Jurat:**

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

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

(Seal/Stamp)

\_\_\_\_\_  
Type or Stamp Name of Notary  
My commission expires:\_\_\_\_\_

**Jurat of a Person with Disability**

“Signature” of person with disability  
By (Name of Designated person)

Witnesses:

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

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

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(name of person with disability), and subscribed by \_\_\_\_\_ (name of  
designated person) in the presence of and at the direction of \_\_\_\_\_ (name of  
person with disability).

(Seal/Stamp)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_

**Copy of Certification:**

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I certify that the preceding/attached document  
is a true, exact, complete and unaltered photocopy made by \_\_\_\_\_ of  
\_\_\_\_\_.

(Seal/Stamp)

\_\_\_\_\_  
Type or Stamp Name of Notary  
My commission expires: \_\_\_\_\_