

FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNER WITH DISABILITY
F.S. 117.05 — Effective January 1, 2020

State of Florida

County of _____



The foregoing instrument was acknowledged before me by means of Physical Presence, — **OR** —
 Online Notarization,

this _____ day of _____, _____, by _____, and subscribed by
Day Month Year Name of Person Acknowledging

_____ at the direction of _____, and in the presence
Name of Notary Name of Person Acknowledging

of these witnesses: _____, _____
Name of 1st Witness Name of 2nd Witness

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known or Produced Identification

Type of Identification: _____

*Any Other Required Information
(Name(s) of Credible Witness(es), etc.)*

Place Notary Seal and/or Stamp Above

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Florida Individual Acknowledgment for Signer with Disability

If a person cannot sign a document due to a physical disability, he or she may direct the Notary to sign on his or her behalf. This certificate wording is sufficient when a signer with a disability requests an acknowledgment. Two disinterested witnesses must be present for this procedure.

Only at the direction of the disabled person, the Notary will sign this individual's name on the attached document, not on this certificate.

After signing, the Notary must write below the signature the following statement: "Signature affixed by Notary pursuant to s. 117.05(14), Florida Statutes."

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which disabled signer appears before Notary.
- 4 NAME OF DISABLED SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- 5 NAME OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 6 NAME OF DISABLED SIGNER**, exactly as name appears in space 4.
- 7 NAME OF FIRST WITNESS.**
- 8 NAME OF SECOND WITNESS.**
- 9 SIGNATURE OF NOTARY**, exactly as name appears on commissioning papers and in seal.
- 10 NAME OF NOTARY**, typed, printed or stamped, exactly as name appears on commissioning papers, in space 5 and in seal.
- 11 HOW DISABLED SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).

- 12 TYPE OF IDENTIFICATION.** If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card's type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).
- 13 NOTARY SEAL IMPRINT**, clearly and legibly affixed.

SPACES 14–17 ARE OPTIONAL. Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

14 TITLE OR TYPE OF DOCUMENT notarized, such as "Grant Deed."

15 DATE OF DOCUMENT notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write "No Date."

16 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

17 SIGNER(S) OTHER THAN NAMED IN SPACE 4. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, write "No Other Signers."

FLORIDA INDIVIDUAL ACKNOWLEDGMENT FOR SIGNER WITH DISABILITY
F.S. 117.05 — Effective January 1, 2020

State of Florida
County of Orange **1** }

The foregoing instrument was acknowledged before me by means of Physical Presence, — OR — **2**
 Online Notarization, **4**

this November 12, 20xx **3**, by Donald Jenkins **4**, and subscribed by **5**
Day Month Year Name of Person Acknowledging **6**

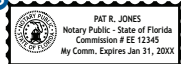
Pat R. Jones **5** at the direction of Donald Jenkins **6** and in the presence **8**
Name of Notary Name of Person Acknowledging **9**

of these witnesses: Michael T. Smith **7** Donna Nunez **8**
Name of 1st Witness Name of 2nd Witness **12**

Pat R. Jones **9**
Signature of Notary Public — State of Florida **10**
Pat R. Jones **10**
Name of Notary Typed, Printed or Stamped **11**

Personally Known or Produced Identification **11**
Type of Identification: FL Driver's License **12**

Any Other Required Information
(Name(s) of Credible Witness(es), etc.)

13  **13**
Place Notary Seal and/or Stamp Above

OPTIONAL
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Grant Deed **14**

Title or Type of Document: Grant Deed **14**

Document Date: 11/9/xx **15** Number of Pages: 1 **16**

Signer(s) Other Than Named Above: No other signers **17**

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