

# 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.*

### Description of Attached Document Copy

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Identifying No.: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Signer(s) or Issuing Agency: \_\_\_\_\_

### Capacity Claimed by Custodian

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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