9B.16 Short form certificates.
The following short form certificates of notarial acts are sufficient for the purposes indicated, if completed with the information required by section 9B.15, subsections 1 and 2:

1. For an acknowledgment in an individual capacity:
   
   State of..............................................
   [County] of..............................................
   This record was acknowledged before me on..............................(Date)
   by............................................................Name(s) of individual(s)
   ............................................................
   Signature of notarial officer
   Stamp
   [............................................................]
   Title of office
   [My commission expires:..............................]

2. For an acknowledgment in a representative capacity:
   
   State of..............................................
   [County] of..............................................
   This record was acknowledged before me on..............................(Date)
   by............................................................Name(s) of individual(s)
   as (type of authority, such as officer or trustee) of (name of party on behalf of whom record was executed).
   ............................................................
   Signature of notarial officer
   Stamp
   [............................................................]
   Title of office
   [My commission expires:..............................]

3. For a verification on oath or affirmation:
   
   State of..............................................
   [County] of..............................................
   Signed and sworn to (or affirmed) before me on............................(Date)
   by............................................................Name(s) of individual(s)
   making statement
   ............................................................
   Signature of notarial officer
   Stamp
   [............................................................]
   Title of office
   [My commission expires:..............................]

4. For witnessing or attesting a signature:
   
   State of..............................................
   [County] of..............................................
   Signed (or attested) before me on...............................(Date)
   by............................................................Name(s) of individual(s)
   ............................................................
   Signature of notarial officer
   Stamp
   [............................................................]
   Title of office
5. For certifying a copy of a record:
   State of......................................
   [County] of....................................
   I certify that this is a true and correct copy of a record in the
   possession of....................................
   Dated.............................................
   .............................................
   Signature of notarial officer
   Stamp
   ..................................................
   Title of office
   [My commission expires:.......................]

2012 Acts, ch 1050, §15, 60
Referred to in §9B.15