

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: _____