**AFFIDAVIT OF NOTARIAL ACT PERFORMED OVER VIDEO CONFERENCE**

**[for notarial acts performed by paralegal]**

*Form may only be used until three days after termination of Executive Order No. 591*

The undersigned, being duly sworn, does hereby state the following:

1. This Affidavit is being given pursuant to the requirements of Chapter 71 of the Acts of 2020, An Act Providing for Virtual Notarization to Address Challenges Related to COVID-19 (hereinafter the “Act”).
2. I am a duly appointed Notary Public in the Commonwealth of Massachusetts.
3. I am a paralegal under the direct supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is an attorney licensed to practice law in the Commonwealth of Massachusetts.
4. I am the Notary Public who performed one or more notarial acts for [NAME OF SIGNER] (hereinafter the “Principal””) on the [NAME OF DOCUMENTS] pertaining to the [SALE / REFINANCE / PURCHASE] of [PROPERTY ADDRESS] on [DATE OF FIRST VIDEO CONFERENCE] utilizing electronic video conferencing in real time pursuant to the Act.
5. A second video conference pursuant to the Act was conducted on [DATE OF SECOND VIDEO CONFERENCE] during which the Principal verified to me that the document(s) listed in paragraph 4 and received by me is/are the same document(s) executed by the Principal during the first video conference.
6. I confirmed the identity of the Principal by one of the following two methods:
	1. I identified the Principal based upon my personal knowledge of the Principal’s identity; OR
	2. I identified the Principal by visually inspecting the following two forms of identification during the first video conference:
		1. A current government-issued identification credential bearing the photographic image of the Principal’s face and signature, a copy of which I have received; AND
		2. A secondary form of identification containing the Principal’s name as follows:

\_\_\_\_\_ Credit Card issued by

\_\_\_\_\_ Debit Card issued by

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Municipal Tax Bill issued by and dated no more than 60 days prior to the first video conference

\_\_\_\_\_ Utility Bill issued by and dated no more than 60 days prior to the first video conference

\_\_\_\_\_ Other

1. I obtained the Principal’s verbal assent to the recording of the video conferences.
2. During each of the video conferences, the Principal swore or affirmed to me under the penalties of perjury that he/she was physically located in the Commonwealth of Massachusetts.
3. During each of the video conferences, I was physically located in the Commonwealth of Massachusetts.
4. I was informed by the Principal that the following persons were present in the room during either of the video conferences and such persons were made viewable to me:

NONE

 *Or*

|  |  |  |
| --- | --- | --- |
| Name of Person | Relationship to Principal | Conference Present(1st, 2nd or both) |
|  |
|  |

1. I have created audio and video recordings of the performance of the notarial act.

Signed under the pains and penalties of perjury this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

 [NAME OF NOTARY PUBLIC]

**ATTORNEY’S AFFIDAVIT**

1. I am an attorney licensed to practice law in the Commonwealth of Massachusetts.
2. This Affidavit is given in connection with the Affidavit of Notarial Act Performed Over Video Conference of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relative to the closing on the property known and numbered as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Affidavit”).
3. At the time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed the notarial act(s) for the Principal as set forth in said Affidavit, he/she was a paralegal under my direct supervision.
4. I am in possession of the audio and visual recordings of the notarial act(s) described in said Affidavit and will retain same for a period of no less than ten (10) years.
5. If applicable, I am in possession of the copy of the Principal’s government-issued identification credential referenced in paragraph 6(b)(i) and will retain same for a period of no less than ten (10) years.
6. I will retain the Affidavit for a period of no less than ten (10) years.

Signed under the pains and penalties of perjury this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

 [NAME OF ATTORNEY]

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