Acknowledgement Practice 1: Document

General Power of Attorney

KNOW ALL MEN BY THESE PRESENTS:

That I, Partner B, of the County of Multnomah and State of Oregon, do constitute and appoint Ima Friend of Grant County, Oregon to be my duly and lawfully appointed attorney in fact granting unto said attorney in fact the full power and authority to do and perform any and all acts and/or things necessary or requisite to be done in furtherance.....

Witness my hand this 10th day of March, 2022.

Jane Doe

Signature of Signer

Journal and Certificate Practice 1: Unfinished Journal Entry and Blank Certificate

Things to know: The signer (Jane Doe) goes to an Oregon Notary Public to acknowledge their signature. The notary does not know the signer. The notary charges a fee.

Date/Time of Act	Type of Act	Date of Document	Name and Contact Address	Signature	ID	Additional Information	Fee
			Jane Doe 100 1 st St. Salem, OR	Jane Doe	ODL 03/10/ 2027		

State of Washington County of Clark		
Before me, the undersigned authority, on this, known to me/pr	 	ersonally appeared before me whose name is subscribed to the foregoing
document and acknowledged to me that (s)he ex	•	
Notary Public—State of Oregon		

Journal and Certificate Practice 2: Document

Things to know: The signer (Jane Doe) completes a sale with Mary Brown. Jane goes before the notary to get her signature acknowledged. The notary works at Oregon Auto Sales.

This is a contract made between the Seller, Oregon Auto Sales, and the Buyer, Mary Brown, for the sale of Seller's 1965 Ford Mustang.							
The vehicle is a 2-door convertible, with cherry red exterior, white leather seats, and chrome wheels. The VIN is 234567890, and the odometer reads 105,000 as of March 1, 2022.							
The date of sale isThe car is sold "AS-IS." Seller makes no warranties about the condition of the car.							
Seller will provide the Buyer with	the vehicle's title.						
Jane Doe		<u> Mary Brown</u>	Today's date				
Name of Signer	Date	Mary Brown	Date				
President							
Oregon Auto Sales							

Journal Entry and Certificate Practice 2: Unfinished Journal Entry and Blank Certificate

Date/Time of Act	Type of Act	Date of Document	Type of Document	Printed Name and Contact Address	Signature	ID	Additional Information	Fee
				Jane Doe 100 1 st St. Salem, OR	Jane Doe	ODL 03/10 /2027		

State of Oregon County of			
Signed and acknowledged before me on	, by	, as	_ of
··			
Notary Public—State of Oregon			

Journal and Certificate Practice 3: Document

The challenge: There is no certificate attached! What should it look like?

Medical	Release Form
Child's name <u>Mary Smith</u>	
Address <u>1234 Main Street</u>	
City: <u>Salem</u> State <u>OR</u> Zip <u>97</u>	7306
Cell phone: <u>971-232-5555</u> Work phone <u>503-23</u>	32-1234 Home phone <u>503-555-1212</u>
2022-2023 school year. I hereby release Englewood these activities. In the event of an emergency, I he surgical treatment and care deemed necessary by surgical diagnosis or treatment and hospital care used or surgeon licensed under the Medical Practic charges for the medical, dental, or hospital care or	for my child, <u>Mary Smith</u> , (child), to take part in all Englewood School events and activities for the od School and its staff from responsibility and liability for any injury or illness my child may sustain during ereby authorize the adult supervisor of this activity as an agent for me to consent to any medical, dental, a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental, or under the general or special supervision and upon the advice of or to be rendered by a physician, dentist, are Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I further agree to pay all retreatment. In the presence of a Notary Public.
Jane Doe	Jane Doe
Parent/Guardian Printed Name	Parent/Guardian Signature

Journal and Certificate Practice 3: Unfinished Journal Entry

Date/Time of Act	Type of Act	Date of Document	Type of Document	Printed Name and Contact Address	Signature	ID	Additional Information	Fee
				Jane Doe 100 1 st St. Salem, OR	Jane Doe	ODL 03/10 /2027		

Journal and Certificate Practice 3: Completed Certificate

State of Oregon

County of <u>Here</u>

Signed before me on <u>today's date</u>, by <u>Jane Doe</u>

OFFICIAL STAMP
NOTARY QUE PUBLIC
NOTARY PUBLIC-OREGON
COMMISSION NO. 1014537
MY COMMISSION EXPIRES JULY 8, 2025

Notary Public

Notary Public—State of Oregon

Journal and Certificate Practice 4: Document

Helena Senior High School Helena, Montana This Certifies That

Lauretta Ellen Egan

has completed the Course of Study as prescribed for the High School of the City of Helena, Tewis and Clark County, Montana, and is therefore awarded this Diploma

> Given at Helena, Montana, this sixth day of June, Nineteen hundred and sixty-eight

Journal and Certificate Practice 4: Unfinished Journal Entry

Date/Time of Act	Type of Act	Date of Document	Type of Document	Printed Name and Contact Address	Signature	ID	Additional Information	Fee
				Jane Doe 100 1 st St. Salem, OR	Jane Doe	ODL 03/10 /2027		

Journal and Certificate Practice 4: Blank Certificate

State of Oregon
County of
I certify that this is a true and correct copy of a record in the possession of
•
Dated
Notary Public—State of Oregon

Journal and Certificate Practice 5: Document

The challenge: there is one component of the certificate missing!

General Affidavit

I, *Name of Signer*, solemnly swear that:

If A = B and B = C, then A = C; and, further, that A + B = B + A; that (A + B) + C = A + (B + C); and, finally, that A(B + C) = AB + AC.

Name of Signer

Journal and Certificate Practice 5: Unfinished Journal Entry

Date/Time of Act	Type of Act	Date of Document	Type of Document	Printed Name and Contact Address	Signature	ID	Additional Information	Fee
				Jane Doe 100 1 st St. Salem, OR	Jane Doe	ODL 03/10 /2027		

Journal and Certificate Practice 5: Blank Certificate