



Termination of Notary Public Commission

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

CURRENT COMMISSION NUMBER: _____

CURRENT COMMISSION NAME: _____

COMMISSION EXPIRATION DATE: _____

PUBLIC RECORDS ADDRESS FOR THE SIGNER:

ADDRESS:

Resignation: I hereby resign my Oregon Notary Public commission, effective _____, 20____.

I understand that I am responsible for destroying my official stamp and storing my notary journal for at least 10 years after the performance of the last notarial act. I also understand that I am responsible for answering inquiries about notarizations in my journal.

Death or incapacity: As the personal representative, guardian, conservator or trustee for the above named individual, I hereby give the Secretary of State notice that the individual's commission is terminated as of _____, 20____, due to death or incapacity. I understand that I am responsible for destroying the notary's stamp or to make it unusable. The notary's journal records accompany this statement.

NAME: _____

NOTARY SIGNATURE: _____

Email Address: _____