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 10\textsuperscript{th} day of March, 2022.

\hspace{1cm} \underline{Jane Doe}

Signature of Signer

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.

<table>
<thead>
<tr>
<th>Date/Time of Act</th>
<th>Type of Act</th>
<th>Date of Document</th>
<th>Type of Document</th>
<th>Name and Contact Address</th>
<th>Signature</th>
<th>ID</th>
<th>Additional Information</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jane Doe</td>
<td>ODL 03/10/2027</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State of Washington
County of Clark

Before me, the undersigned authority, on this ______ day of ________, 20___ personally appeared before me ____________________________, known to me/proven to me to be the person whose name is subscribed to the foregoing document and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

______________________________
Notary Public—State of Oregon
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 is _____________. The 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       Mary Brown    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

<table>
<thead>
<tr>
<th>Date/Time of Act</th>
<th>Type of Act</th>
<th>Date of Document</th>
<th>Type of Document</th>
<th>Printed Name and Contact Address</th>
<th>Signature</th>
<th>ID</th>
<th>Additional Information</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jane Doe 100 1st St. Salem, OR</td>
<td>Jane Doe</td>
<td>ODL</td>
<td>03/10/2027</td>
<td></td>
</tr>
</tbody>
</table>

State of Oregon  
County of _____  

Signed and acknowledged before me on ________________, by__________________, as _________________ of _______________________.

____________________________  
Notary Public—State of Oregon
Medical Release Form

Child’s name __Mary Smith____

Address ___1234 Main Street____

City: ____Salem____ State ___OR____ Zip 97306____


I, Jane Doe, (parent/guardian), give permission for my child, Mary Smith, (child), to take part in all Englewood School events and activities for the 2022-2023 school year. I hereby release Englewood School and its staff from responsibility and liability for any injury or illness my child may sustain during these activities. In the event of an emergency, I hereby authorize the adult supervisor of this activity as an agent for me to consent to any medical, dental, surgical treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist, and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I further agree to pay all charges for the medical, dental, or hospital care or treatment.

Please sign in the presence of a Notary Public.

Jane Doe ____________ Jane Doe ____________

Parent/Guardian Printed Name Parent/Guardian Signature

<table>
<thead>
<tr>
<th>Date/Time of Act</th>
<th>Type of Act</th>
<th>Date of Document</th>
<th>Type of Document</th>
<th>Printed Name and Contact Address</th>
<th>Signature</th>
<th>ID</th>
<th>Additional Information</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jane Doe 100 1st St. Salem, OR</td>
<td>Jane Doe</td>
<td>ODL</td>
<td>03/10/2027</td>
<td></td>
</tr>
</tbody>
</table>
State of Oregon
County of _Here_

Signed before me on ___today's date___, by ___Jane Doe____.

Notary Public

Notary Public—State of Oregon
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, Lewis and Clark County,
Montana, and is therefore awarded this Diploma.
Given at Helena, Montana, this sixth day of June,
One thousand eight hundred and sixty-eight.

[Signatures]

A. J. Erickson
President

V. G. James
Principal
<table>
<thead>
<tr>
<th>Date/Time of Act</th>
<th>Type of Act</th>
<th>Date of Document</th>
<th>Type of Document</th>
<th>Printed Name and Contact Address</th>
<th>Signature</th>
<th>ID</th>
<th>Additional Information</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jane Doe 100 1st St. Salem, OR</td>
<td>Jane Doe</td>
<td>ODL 03/10/2027</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Date/Time of Act</th>
<th>Type of Act</th>
<th>Date of Document</th>
<th>Type of Document</th>
<th>Printed Name and Contact Address</th>
<th>Signature</th>
<th>ID</th>
<th>Additional Information</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jane Doe 100 1st St. Salem, OR</td>
<td>Jane Doe</td>
<td>ODL 03/10/2027</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of Oregon
County of ________

Subscribed and sworn to/affirmed before me on this _____ day of ________

____________________
Notary Public-State of Oregon