Certificate Practice

(Journal & Certificate Practice 1)

The signer goes to an Oregon Notary Public, to acknowledge their signature. Notary

doesn't know	the signer.	The notary	charges a	a fee.
docoii t itiiow	une orginer.	I IIC IICuai y	CHAISCE !	a rec.

Date/Time of Act	Type of Act	Doc. Date	Doc. Type	Printed Name Contact Address	Signature	ID	Additional Info	Fee
				Name of Signer PO Box 1 Oregon City, OR	Signature of Signer	ODL 9/15/2025		

General Power of Attorney

KNOW ALL MEN BY THESE PRESENTS:

THAT I, Partner B, of the County of Multnomah and State of Oregon, do hereby 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 ...

necessary or requisite to be done in furtherance.	••		
Witness my hand this 14th day of M <u>Signature of Signer</u>	arch, 202	5.	
State of Washington			
County of Clark			
BEFORE ME, the undersigned authority, on thi	is	day of	, 20
personally appeared	_, known to	me/proven to me to be t	he person whose
name is subscribed to the foregoing document	and acknow	ledged to me that (s)he	executed the
same for the purposes and consideration therei	n expressed	i .	
 Notary Public — State of Oregon	OF OF O	OFFICIAL STAMP NAME OF NOTARY NOTARY PUBLIC-OREGO COMMISSION NO. 12345	

MY COMMISSION EXPIRES JULY 11, 2027

The signer completes a sale with Mary Brown. Signer goes before the notary to get the contract notarized. The notary works at Oregon Auto Sales. (Journal & Certificate Practice 2)

- 1. Complete and sign the document
- 2. Jot it in the Journal
- 3. Complete the Certificate

Date/Time of Act	Type of Act	Doc. Date	Doc. Type	Printed Name Contact Address	Signature	ID	Additional Info	Fee
				Name of Signer PO Box 1 Oregon City, OR	Signature of Signer	ODL 9/15/2025		

This is a contract ma	de between the Sel	ler, Orego	on Auto Sales, an	d the Buyer, Mar	ry Brown	, for the sale	of
Seller's 1965 Ford M	ustang.			•	•		
The vehicle is a 2 doo	or convertible, cher	ry red ext	terior, white leath	ner seats and chr	ome whe	eels.	
The VIN number is 2	23567890, and the o	dometer r	reads 105,000 as o	of July 1, 2015.			
The date of sale is	Buyer aş	grees to pa	ay to Seller the pu	archase price of §	\$50,000 to	be paid in c	ash at
time of delivery.							
The car is sold "AS IS	S." Seller makes no	warranti	ies about the conc	lition of the car.			
Seller will provide the	he Buyer with the v	vehicle's t	itle.				
				<u>Mary Brown</u>	<u> </u>	Today's Date	
Name of Signer	Date			Mary Brown	D	ate	
President							
Oregon Auto Sales							
State of Oregon							
County of							
Signed and acknow	vledged before m	e on	, 20_	by		, as	
of			·				
OF							
4	OFFICIAL STA						
5	NAME OF NOTA						
	COMMISSION NO.						
	MMISSION EXPIRE		1, 2027				
				Notary F	Public – S	State of Oreg	on

(Journal & Certificate Practice 3)

Date/Time of Act	Type of Act	Doc. Date	Doc. Type	Printed Name Contact Address	Signature	ID	Additional Info	Fee
				Name of signer PO Box 1 Oregon City, OR	Signature of Signer	ODL 9/15/2025		

Medical Release Form

Child's Name <u>Mary A Smith</u>	
Address <u>1234 Main Street</u>	
City: <u>Salem</u> , State <u>OR</u> Zip <u>97301</u>	
Cell Phone <u>971-232-5555</u> Work Pho	ne <u>503-232-1234</u> Home Phone <u>503-555-1212</u>
I, <u>Name of Signer</u>	(parent/guardian) give permission for my child,
Mary A Smith	(child) to take part in all Englewood School events and activities
for the 2021-2022 school year. I hereby rele	ease Englewood School and its staff from responsibility and liability
for any injury or illness that my child may su	stain during these activities. In an 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 I	Practice Act for my child. I expect to be notified as soon as possible.
I further agree to pay all charges for the me	dical, dental or hospital care or treatment.

Please sign in the presence of a Notary Public

Name of Signer

Parent/Guardian Printed Name

Signature of Signer

Parent/Guardian signature

OFFICIAL STAMP
NAME OF NOTARY
NOTARY PUBLIC-OREGON
COMMISSION NO. 123456
MY COMMISSION EXPIRES JULY 11, 2027

Notary Public – State of Oregon

- 2. Jot it in the Journal
- 3. Complete the Certificate

Date/Time of Act	Type of Act	Doc. Date	Doc. Type	Printed Name Contact Address	Signature OD 9/15/20		Additional Info	Fee
				Name of signer PO Box 1 Oregon City, OR	Signature of Signer	ODL 9/15/2025		

			G	eneral Affidavit			
I, <u>Name or</u>	f Signe	<u>er,</u> solemnl	y swear tl	hat:			
	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 S	Signer						
State of _							
County of		 					
Subscribe	d and	sworn to/ a	affirmed b	efore me on th	nisd	ay of	 _,
20							

Notary Public – State of Oregon

OFFICIAL STAMP
NAME OF NOTARY
NOTARY PUBLIC-OREGON
COMMISSION NO. 123456
MY COMMISSION EXPIRES JULY 11, 2027

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				Name of Signer PO Box 1 Oregon City, OR	Signature of Signer	ODL 9/15/2025		

(Journal & Certificate Practice 5)

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, Nineteen lundred and sixty-eight

J. J. Erickson

Jones Jones Wingilt Janes

CLERK

County of	
I certify that this is a true and correct co	py of a record in the possession
of	.
Dated:, 20	
	OFFICIAL STAMP NAME OF NOTARY NOTARY PUBLIC-OREGON COMMISSION NO. 12345 6 MY COMMISSION EXPIRES JULY 11,2027
Notary Public – State of Oregon	L