

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 fee.

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	<i>Signature of Signer</i>	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 ...

Witness my hand this 14th day of March, 2016.

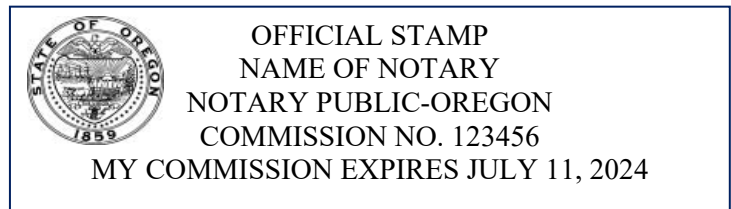
Signature of Signer

State of Washington

County of Clark

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____ personally appeared _____, 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



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

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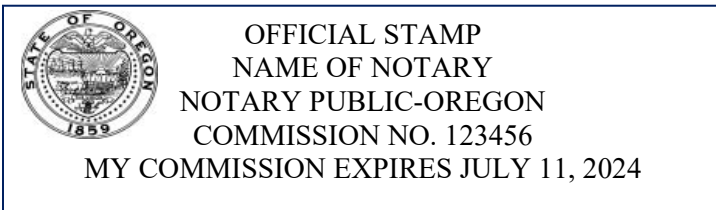
This is a contract made between the Seller, Oregon Auto Sales, and the Buyer, Mary Brown, for the sale of Seller's 1965 Ford Mustang.
 The vehicle is a 2 door convertible, cherry red exterior, white leather seats and chrome wheels.
 The VIN number is 23567890, and the odometer reads 105,000 as of July 1, 2015.
 The date of sale is _____. Buyer agrees to pay to Seller the purchase price of \$50,000 to be paid in cash at time of delivery.
 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.

Name of Signer Date
 President
 Oregon Auto Sales

Mary Brown Today's Date
 Mary Brown Date

State of Oregon
 County of _____

Signed and acknowledged before me on _____, 20____ by _____, as
 _____ of _____.



 Notary Public – State of Oregon

(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	<i>Signature of Signer</i>	ODL 9/15/2025		

Medical Release Form

Child's Name Mary A Smith

Address 1234 Main Street

City: Salem, State OR Zip 97301

Cell Phone 971-232-5555 Work Phone 503-232-1234 Home Phone 503-555-1212

I, Name of Signer (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 release Englewood School and its staff from responsibility and liability for any injury or illness that my child may sustain 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 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.

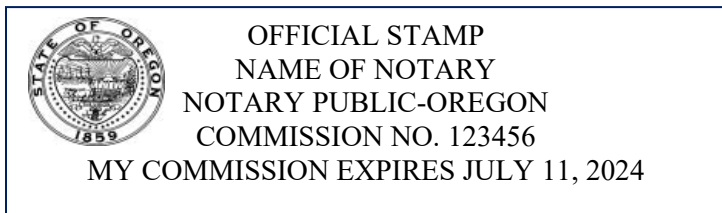
Please sign in the presence of a Notary Public

Name of Signer

Parent/Guardian Printed Name

Signature of Signer

Parent/Guardian signature



Notary Public – State of Oregon

1. Administer the Oath
2. Jot it in the Journal
3. Complete the Certificate

(Journal & Certificate Practice 4)

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

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

State of _____

County of _____

Subscribed and sworn to/ affirmed before me on this _____ day of _____,
20____.

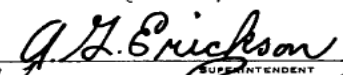
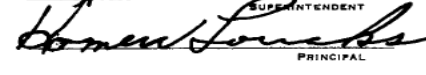
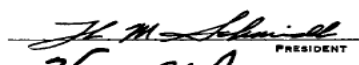
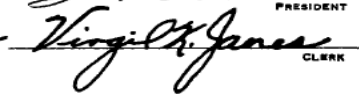
Notary Public – State of Oregon

	<p>OFFICIAL STAMP NAME OF NOTARY NOTARY PUBLIC-OREGON COMMISSION NO. 123456 MY COMMISSION EXPIRES JULY 11, 2024</p>
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(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 hundred and sixty-eight



SUPERINTENDENT

PRINCIPAL

PRESIDENT

CLERK

State of OREGON
 County of _____

I certify that this is a true and correct copy of a record in the possession
 of _____.

Dated: _____, 20__.

 Notary Public – State of Oregon



OFFICIAL STAMP
 NAME OF NOTARY
 NOTARY PUBLIC-OREGON
 COMMISSION NO. 123456
 MY COMMISSION EXPIRES JULY 11, 2024