

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #1

### OBJECTIVES

- ❖ Practice the basic steps of notarization
- ❖ Correctly complete journal entries
- ❖ Interpret and complete Notary certificates
- ❖ Improve skills
- ❖ Feel prepared to serve the public

### NOTARY/SIGNER RELATIONSHIP

*The Notary...*

- ❖ Screens for willingness and awareness
- ❖ Authenticates signer's identity
- ❖ Verifies signer's signature
- ❖ Compels signer to truthfulness

### FIVE STEPS OF NOTARIZATION

- ❖ Require personal appearance
- ❖ Check the document & certificate
- ❖ Identify and screen signer
- ❖ Complete the journal entry
- ❖ Fill in, sign and seal the certificate

### ACKNOWLEDGMENT

*The Signer...*

- ❖ Appears in front of the Notary
- ❖ Is identified by the Notary
- ❖ "Acknowledges" having signed the document

### JURAT/VERIFICATION BY OATH OR AFFIRMATION

*The Signer...*

- ❖ Appears in front of the Notary
- ❖ Is identified by the Notary
- ❖ Signs document in the Notary's presence
- ❖ Swears (affirms) truthfulness of the document

### PROFESSIONAL PRACTICES

- ❖ Use reasonable care
- ❖ Avoid the unauthorized practice of law:
  - Do not choose the notarization
  - Do not give advice
  - Do not fill in document blanks
- ❖ Refer signers

### SCENARIO DIRECTIONS

- ❖ Look over document and certificate
- ❖ Check identification of signer(s)
- ❖ Perform acknowledgment or jurat
- ❖ Complete the journal entry (charge \$X.00)
- ❖ Complete the Notary certificate

**All scenarios take place at your office:**

**9 Notary Street  
Notarycity, Notarystate 12345  
in Notarycounty**

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #2 – Scenario 1

RECORDING REQUESTED BY:  
**ABC TITLE COMPANY, INC.**

WHEN RECORDED MAIL TO:  
**888 LAKESHORE BLVD. STE. 900  
SUPERTOWN, AZ 85257**

ORDER No. 12345678910  
ESCROW No. 10987654321

SPACE ABOVE THIS LINE FOR RECORDING USE

### POWER OF ATTORNEY – SPECIAL

I Sarah Signer hereby appoint Myron J. Williams III, as my exclusive, true and lawful attorney-in-fact to act in my capacity, for me and in my name, to dispose of my entire ownership interest in that certain real property at:

123 MAIN STREET, OLDTOWN, ARIZONA 85000, legally described as: LOT 2 OF TRACT NO. 80000, IN THE CITY/COUNTY OF OLDTOWN, STATE OF ARIZONA, AS PER MAP RECORDED IN BOOK 999 PAGES 12 TO 20.

Said attorney-in-fact shall have the power to enter into and execute any contract, agreement, note, conveyance, assignment, deed, deed of trust, mortgage, lease, escrow instructions, bank depositor agreement and any and all other instruments or documents as shall be necessary or convenient to buy, sell, exchange, convey, transfer, assign, encumber, hypothecate or lease the above mentioned real property.

**THIS POWER OF ATTORNEY** shall include the power to mortgage, transfer in trust, or otherwise encumber or hypothecate the real property described above to secure payment on any negotiable or non-negotiable Note or performance of any obligation or agreement in connection with the disposition of the above mentioned property.

I also give and grant onto said attorney-in-fact, full power authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in the exercise of the foregoing power in regard to the above mentioned property as fully to all intents and purposes as I might or could do if I were present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

**THIS POWER OF ATTORNEY** is effective immediately upon the execution hereby and shall remain in full force and effect until and including June 4, 2017 unless sooner terminated by my giving written notice of such termination to said attorney-in-fact.

DRAFT DATE: May 25, 2017

\_\_\_\_\_  
Your Full Legal Name Signed: **SARAH SIGNER**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_,  
personally appeared \_\_\_\_\_, whose identity(ies) was/were proven to me on the basis of satisfactory  
evidence to be the person(s) who he/she/they claim(s) to be, and acknowledged that he/she/they signed the above/attached document.

\_\_\_\_\_  
Notary Signature


(Seal)

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #3 – Scenario 1



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards – Describe each card below <input type="checkbox"/> Credible Witness(es) – Include signature of each witness			x Sarah Signer	Top of thumb here 

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #4 – Scenario 2

### FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I Simon Signer certify that I have an active policy with **Full-Protection Insurance Company, Ltd.**, for the following loss claim no. 18867-SIM-2414-IC involving items and values listed below:

ITEM DESCRIPTION	MARKET VALUE CLAIMED
<i>Sony flat screen 50" television</i>	<i>\$1,200</i>
<i>Bose stereo system</i>	<i>\$600</i>
<i>Collection of 205 CDs</i>	<i>\$1,750</i>
<i>iPad mini</i>	<i>\$430</i>
<i>Jewelry</i>	<i>\$3,500</i>

(Use separate sheet if additional space is required)

This insurance company is licensed to issue insurance policies in Florida. I understand that my reimbursement will be denied if my policy is not paid current to the date of claim.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured: **SIMON SIGNER**

**WARNING: GIVING FALSE INFORMATION IN ORDER TO RECEIVE REIMBURSEMENT IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.**

IFPIC 83330 (Rev. 09/12)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, whose identity(ies) was/were proven to me.

\_\_\_\_\_  
Notary Signature


(Seal)

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #5 – Scenario 2



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			x <b>SIMON SIGNER</b>	Top of thumb here 

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #6 – Scenario 3

### PRENUPTIAL AGREEMENT

THIS AGREEMENT MADE THIS 16th day of May, 2017

This Prenuptial Agreement is made between **CLAUDIA L. PASTORELLI** (hereinafter called “Claudia”) and **FRED FIANCE** (hereinafter called “Fred”) who are contemplating marriage each to the other.

- A. The parties intend for this Agreement to become effective upon their marriage pursuant to the laws of the State of California, including any Uniform Premarital Agreement Act, or other applicable laws;
- B. The parties wish to enter into this agreement to provide for the status, ownership, and division of property between them, including future property owned or to be acquired by either or both of them;
- C. The parties recognize the possibility of unhappy differences that may arise between them. Accordingly, the parties desire that the distribution of any property that either or both of them may own will be governed by the terms of this Agreement;
- D. The parties have exchanged financial statements providing full and complete disclosure of substantially all of the assets and liabilities property now owned or owing by each of them;
- E. Each party agrees and affirms the following: THAT the parties did execute the Agreement voluntarily; THAT this Agreement was not unconscionable when it was executed; and THAT he or she did have an adequate knowledge of the property or financial obligations of the other party.

**NOW THEREFORE** in consideration of the upcoming marriage, and mutual promises and covenants contained in this Agreement, the parties agree as follows:

#### PROPERTY

1. Property owned prior to this agreement will be and remains the property of the owner and the other party will have no right to or interest in such present property.
2. Property being owned by both parties after execution of this agreement will be and remain the property of both parties.
3. In the event of the parties separating, or upon the death of a party, any jointly-acquired or jointly-held property will be deemed to be owned equally with each party entitled to fifty percent (50%) of the net equity of the property, regardless of the initial or ongoing proportion of each party’s investment.

**FURTHER DOCUMENTATION** - The parties agree to provide and execute such further documentation as may be reasonably required to give full force and effect to each term of this Agreement. This Agreement may only be terminated or amended by the parties in writing signed by both of them.

**IN WITNESS WHEREOF** the parties have hereunto set their hands and seals.

\_\_\_\_\_  
**CLAUDIA L. PASTORELLI**

\_\_\_\_\_  
**FRED FIANCE**

State of \_\_\_\_\_

County of \_\_\_\_\_

This document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ (name[s] of principal[s]).

\_\_\_\_\_  
Notary Signature

(Seal)





# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #7 – Scenario 3



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			x FRED FIANCE	Top of thumb here 
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			x CLAUDIA L. PASTORELLI	Top of thumb here 

# 5 ESSENTIAL STEPS OF NOTARIZATION

Handout #8 – Scenario 4

## LETTER OF CONSENT TO TRAVEL

Valid for 30 days after issuance and is good for only one single entry.

I Clint Sample provide my consent for my child(ren) Sue Sample to travel with  
PARENT/GUARDIAN NAME OF MINOR

Sandy Sample to Canada from  
Name(s) of Adult Travel Companion(s) Country/Countries

June 6,2017 to June 13,2017  
Date Date

(List specific travel information in the space below such as airline, flight number(s), cruise line and ship or tour operator.)

American Airlines, Flight 760 to Toronto, Ontario Canada  
Return Flight 1830  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN Date

Contact Information: (XXX) 72X – X35X, cell  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Notary: \_\_\_\_\_

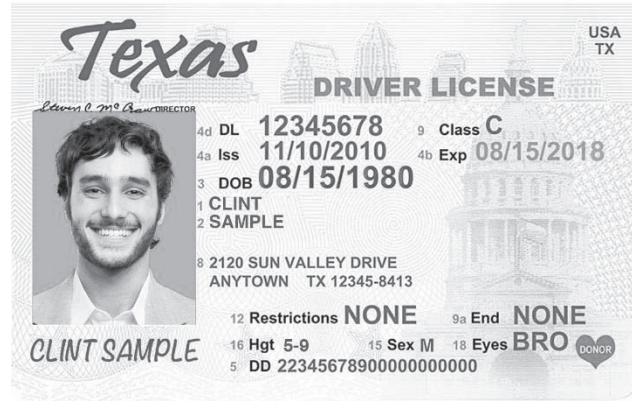
Notary's Printed Name: \_\_\_\_\_

Notary Seal:



# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #9 – Scenario 4



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			CLINT SAMPLE	Top of thumb here 

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #10 – Scenario 4

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
whose identity(ies) was/were proven to me.

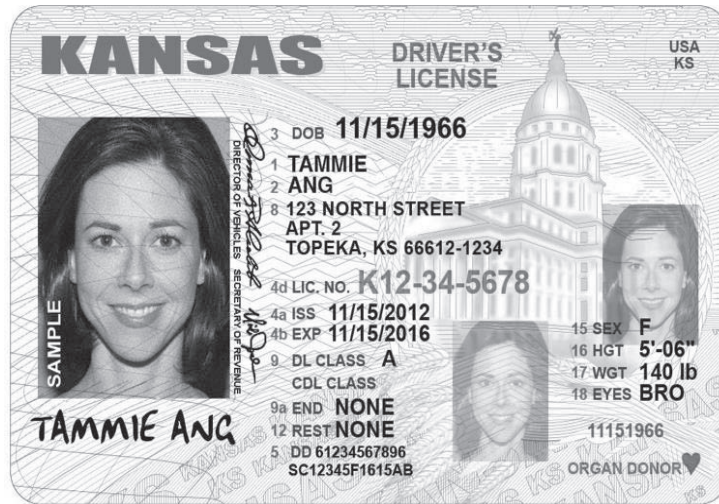
\_\_\_\_\_  
Notary Signature

(Seal)



# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #12 – Scenario 5



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			<b>TAMMIE ANG</b>	Top of thumb here 
			x	

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #13 – Scenario 6

### DURABLE POWER OF ATTORNEY FOR HEALTH CARE

On 05/30/17 I, Joe Sample, being an adult of sound mind, hereby appoint Brenda Marie Sample  
(name of principal) (name of agent)

as my attorney-in-fact (“agent”) to consent to, to reject, or to withdraw consent for medical procedures, treatment, or intervention. In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I appoint as my successor agent:

Jonathan Sample  
(name of successor agent)

My agent (successor agent) may make any health care decisions for me which I could make individually if I had decisional capacity (except for any limitations given below). All such decisions shall be made in accordance with accepted medical standards and the agent (successor agent) may not authorize the withholding or withdrawal of comfort care from me. My agent (successor agent) may authorize the withholding of life-sustaining treatment as set forth in my living will or advance directive (except for any limitations given therein) if I have executed one. In the event I am unable to communicate verbally or nonverbally, demonstrate no purposeful movement or motor ability, and am unable to interact purposefully with environmental stimulation and (1) I have an incurable and irreversible condition such that, in accordance with accepted medical standards, death is imminent if life-sustaining treatment is not administered, or (2) I am in a coma or I have a condition of permanent unconsciousness that, in accordance with accepted medical standards, will last indefinitely without significant improvement:

**(Initial only one of the following three options and if you do not agree with either of the first two options, space is provided below for you to write your own instructions.)**

- I authorize my agent (successor agent) to direct the withholding of artificial nutrition or hydration from me.  
 I do not authorize my agent (successor agent) to direct the withholding of artificial nutrition or hydration from me.  
 I authorize the following: \_\_\_\_\_

This durable power of attorney for health care is effective only during any period in which my physician has determined in good faith that I do not have decisional capacity. Whenever making any health care decision for me, my agent (successor agent) shall consider the recommendation of my attending physician, the decision I would have made if I then had decisional capacity (if known) and the decision that would be in my best interests. I give the following instructions to help guide my agent: (You may write additional instructions or limitations below.)

N/A  
\_\_\_\_\_  
\_\_\_\_\_

Date: May 30, 2017

\_\_\_\_\_  
(your signature)  
JOE SAMPLE  
(type or print your name), principal

### Notarization

State of Idaho

County of \_\_\_\_\_

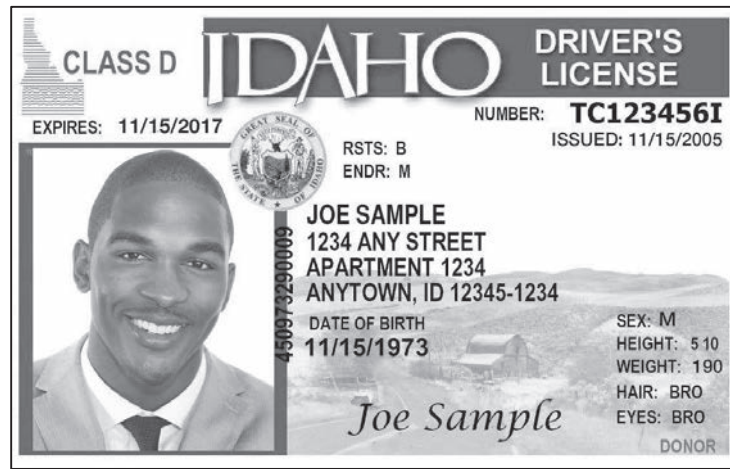
On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the principal, \_\_\_\_\_, personally appeared before the undersigned officer and acknowledged to me that he/she/they executed the foregoing document in my presence for the purposes therein contained.

\_\_\_\_\_  
Notary Signature

(Seal)

# 5 ESSENTIAL STEPS OF NOTARIZATION

## Handout #14 – Scenario 6



Month/Day/Year/Time of Notarization	Kind or Type of Notarization/Certificate	Address Where Notarization Performed	Document Kind or Type/Date	Name and Address of Signer
			Document Date:	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness			<i>x Joe Sample</i>	Top of thumb here 