

The Complete How-To Guide for Notaries



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Objectives

- Understand Notary's role
- Hands-on experience
- Properly fill out journal entries
- Interpret and complete certificates
- Improve skills
- Feel prepared to serve the public



What is a Notary?

A Notary is:

- Commissioned by the State
- A Public Official
- An Impartial Witness
- A Ministerial Official
- A Deterrent to Fraud

Commissioned by the State

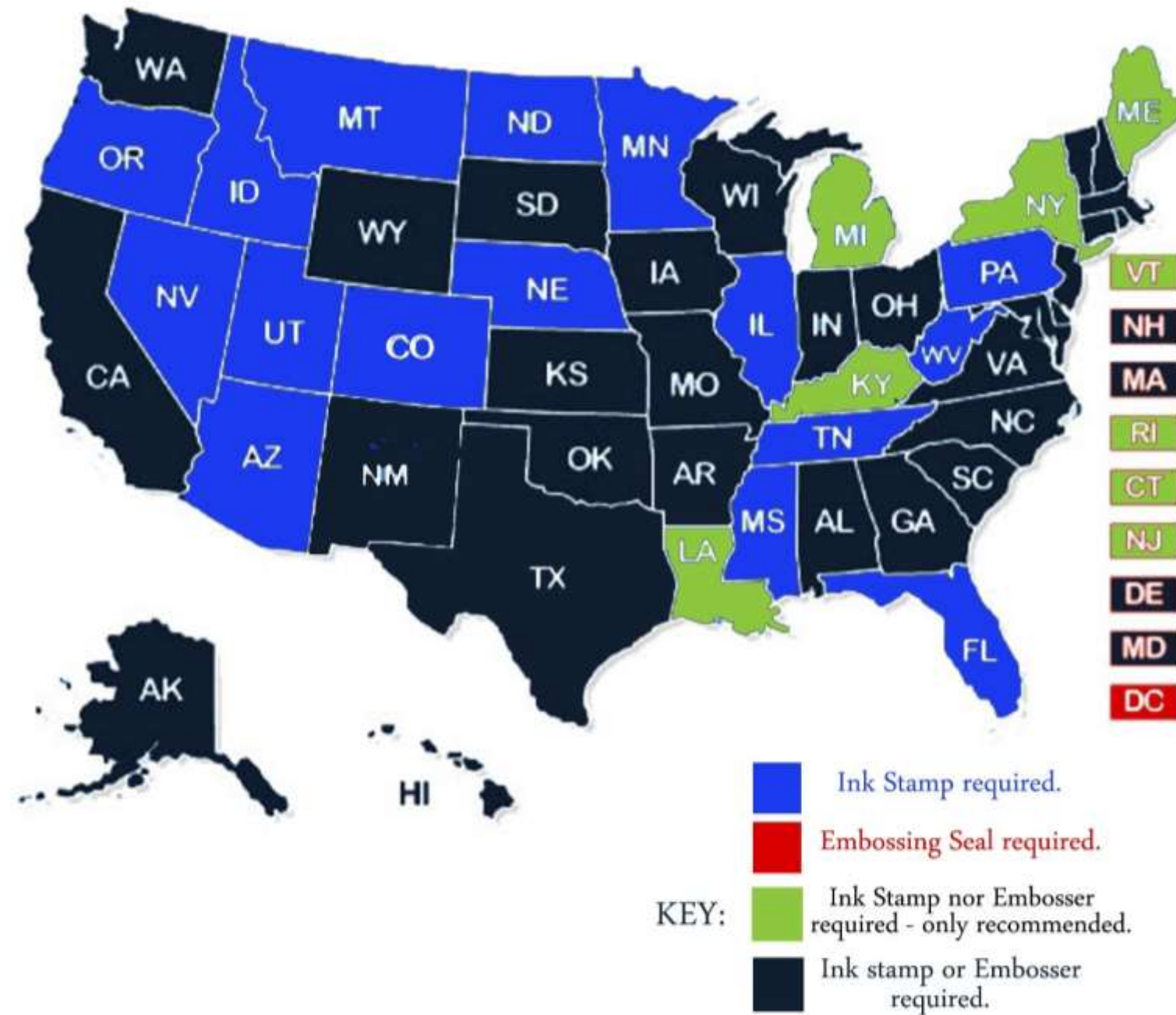
- Commissioned by S.O.S., governor, attorney general, etc.
- Every state has different requirements.
- Obey your jurisdiction rules (no matter where document originates).
- Primary allegiance is to laws of respective states.

Requirements for Journals by State



- Key:
- Notary record book **not** required.
 - Notary Journal required.
 - Not required for standard notarial acts, but require for other acts.
 - Not required for paper notarial acts, required for electronic.

Requirements for Seals by State



A notarization is the process of performing an official act as a Notary.

A notarization DOES NOT:

- Guarantee the accuracy or truth of a document.
- Legalize or validate a document.

Professional Practices

Protect yourself and your signers

- 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 as appropriate

Notary / Signer Relationship

The Notary:

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



The two most common notarial acts

Acknowledgment

The signer:

- Appears in front of the Notary
- Is identified by the Notary
- “Acknowledges” having signed the document

Acknowledgment Certificate

State of Nevada

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

Acknowledgment Certificate

State of Nevada

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

Jurat or Verification on Oath

The signer:

- Appears in front of the Notary
- Is identified by the Notary
- Signs the document in front of the Notary
- Swears to the truthfulness of the document



Jurat Certificate

State of

County of

Subscribed and sworn (or affirmed) on this ____ day of __201__,
by _____, whose identity(ies) was/were proven to me.

Notary Signature

Jurat Certificate

State of

County of

Subscribed and sworn (or affirmed) on this ____ day of __201__,
by _____, whose identity(ies) was/were proven to me.

Notary Signature

Essential Steps of Notarization

1. Require personal appearance
2. Check document and certificate
3. Identify and screen the signer
4. Perform steps required by certificate
5. Complete journal entry
6. Fill in, sign, seal the certificate

Step 1: Personal Appearance

- Face-to-face meeting required
- 65% of misconduct due to lack of personal appearance
- Phone and video are unacceptable

Step 2: Check the Document and Certificate

- Is the document complete?
- Is the signature original?
- Is there a certificate?
- Which certificate?
- Is certificate acceptable in your state?

Step 2: Check the Document and Certificate

A Complete Document:

- Has no missing information
- Has no missing pages

The signer is responsible for filling in any gaps.

Step 2: Check the Document and Certificate

Read the Certificate Facts:

- Acknowledgment (verify signature)
- Jurat (witness signature and give oath)
- Acceptable wording for your state?
- No Notary certificate wording? Then **ASK THE SIGNER TO CHOOSE**

Acknowledgment Certificate

State of Nevada

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

Jurat Certificate

State of

County of

Subscribed and sworn (or affirmed) on this ____ day of __201__,
by _____, whose identity(ies) was/were proven to me.

Notary Signature

Step 3: Identify and Screen the Signer

- Satisfactory evidence of signer's identity
- Is the signer willing to sign?
- Is the signer aware?

Step 3: Identify and Screen the Signer

Forms of Identification:

- Personal Knowledge
- State-approved Photo ID
- 1 Credible Identifying Witness (known to the Notary)
- 2 Credible Identifying Witnesses

Step 4: Perform Steps Stated in Certificate

Read the Statement of Particulars:

- Acknowledgment?
 - Have signer “acknowledge” his/her signature.
- Jurat? (“Subscribed and sworn”)
 - Have signer sign document in front of you
 - Administer an oath

Step 5: Complete the Journal Entry

The Journal:

- Is record of official acts performed
- Separate and complete entry for every notarial act
- Filled in while signer is present
- Protects the signer(s)
- Protects the Notary
- Recommended even if not required by your state

Step 5: Complete the Journal Entry


Recommended for Each Entry:

- Date/Time of Notarization
- Type (Act)
- Document Title
- Identification Method
- Signature of Signer
- Location
- Fee Charged
- Name/Address of Signer
- Thumbprint
- Additional Comments



Step 5: Complete the Journal Entry

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
Today's date	Jurat/Verifica-	My Office,	Florida Insurance	Simon B. Signer
and time	tion by Oath or	9 Notary Street,	Affidavit	456 Signer Street
	Affirmation	Notarycity, NS 12345	Document Date: Today's date	Signerville, FL 33333

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing & aware	\$X.00	x SIMON SIGNER	Top of thumb here 
FL DL ; FL DMV Exp. 3/26/18				
#K523-503-85-606-0				
				1

Step 6: Fill In, Sign, Seal the Certificate

- Follow all steps in certificate?
(signature, oath?)
- Location of Notarization
- Date of Notarization
- Name of Signer(s)
- Notary's Name (sometimes)
- Notary's Signature
- Notary's Seal Impression

Step 6: Fill In, Sign, Seal the Certificate

State of Notary State

County of Notary County

Subscribed and sworn (or affirmed) on this (date) day of May, 2018, by Simon Signer,
whose identity(ies) was/were proven to me.

Notary Signature

Practicing the Essential Steps of Notarization

1. Require personal appearance
2. Check document and certificate
3. Identify and screen the signer
4. Perform steps required by certificate
5. Complete journal entry
6. Fill in, sign, seal the certificate

Scenario Directions

- Require personal appearance (role play with partner)
- Look over document and certificate
- Check identification of signer(s)
- Perform acknowledgment or jurat
- Complete journal entry (charge \$X.00)
- Complete certificate

Scenario Directions

Scenarios take place at your office:

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

Scenario 1

- Sarah Signer appears at your office with a Power of Attorney and asks you to notarize her signature on it.
- The document is complete except for Sarah's signature.
- It has Notary wording acceptable in your state.
- Sarah clearly is signing the document willingly and is aware of what's going on.
- Sarah presents her driver's license as ID.
- The address on the ID is current.

THE COMPLETE HOW-TO GUIDE FOR NOTARIES

Scenario 1

RECORDING REQUESTED BY:
ABC TITLE COMPANY, INC.

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

ORDER No. 1234567890
ESCROW No. 10987654321

SPACE ABOVE THIS LINE FOR RECORDING USE

POWER OF ATTORNEY - SPECIAL

I, Sarah Singer hereby appoint Myra 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 85006, legally described as: LOT 1 OF TRACT NGLR0006, IN THE CITY/COUNTY OF OLDTOWN, STATE OF ARIZONA, AS PER MAP RECORDED IN BOOK 999 PAGES 12 TO 28. 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 in the 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 property.

I also give and grant unto 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 in 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 XX, 20XX unless sooner terminated by my giving written notice of such termination to said attorney in fact.

DRAFT DATE: May XX, 20XX

Your Full Legal Name Signed: SARAH SINGER

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)

- Check the document:
 - Is it complete?
 - Is the signature original?

- Check the certificate:
 - Acknowledgment?
 - Yes. Verify signature.



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
Today's		9 Notary Street	Power of	Sarah Signer
date &	Acknowledgment	Notary City, NS	Attorney Special	456 Signer Street
time		12345	Document Date: May xx, 20xx	Signerville, AZ 88888

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and		x Sarah Signer	Top of thumb here
AZ DL #D00363370	aware	\$X.00		
Exp 10/7/2039				





State of Notary

County of Notary

On this xx day of May, 2019, before me (Your printed name)
personally appeared Sarah Signer, 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.

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)

Scenario 2

- Jane Public arrives at your office with an insurance affidavit for items that were stolen from her home.
- The document is complete, except for Jane's signature, is dated today, and has certificate wording acceptable in your state.
- Jane is clearly signing willingly and is aware of what's going on.
- Jane has her driver's license as ID.
- The address on the ID is current.



FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I JANE PUBLIC certify that I have an active policy with Full-Protection Insurance Company, Ltd., for the following loss claim no. 18867-PUB-2414-IC involving the 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>\$1,7500</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: JANE PUBLIC

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

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)

- Check the document:
 - Is it complete?
 - Is the signature original?

- Check the certificate:
 - Jurat?
 - Witness signature, administer oath.



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
	Today's		9 Notary Street	Florida Insurance	Jane Q. Public
1	date &	Jurat	Notary City, NS	Affidavit	1234 Main Street
	time		12345	May xx, 20xx	Springfield, IL 62723

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and		x <i>Jane Q Public</i>	Top of thumb here 
IL DL SOS #p142-4558-7924	aware	\$X.00		
Exp 11/14/2020				





State of Notary

County of Notary

Subscribed and sworn to (or affirmed) on this xx day of May,
2019, by Jane Q. Public, whose identity(ies) was/were proven
to me.

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)

Scenario 3

- Claudia Pastorelli and Fred Fiance have a Prenuptial Agreement they both need to sign.
- The document is dated May xx, 2019, and has preprinted certificate wording that is acceptable in your state.
- Both have acceptable ID documents.
- Claudia's address is:
22 Elm Street
Anytown, Anystate 44444



THE COMPLETE HOW-TO GUIDE FOR NOTARIES

Scenario 3

PRENUPTIAL AGREEMENT

THIS AGREEMENT MADE THIS XXth day of May 20XX

This Prenuptial Agreement is made between CLAUDIA L. PASTORELLI (hereinafter called "Claudia") and FRED FRANCE (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 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 remain 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 FRANCE

State of _____
County of _____

This document was acknowledged before me on this _____ day of _____, 20____, by _____ (name[s] of principal[s]).



Notary Signature (Seal)

- Check the document:
 - Is it complete?
 - Signatures original?

- Check the certificate:
 - Acknowledgment?
 - Verify signature.



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
Today's date & time	Acknowledgment	9 Notary Street Notary City, NS 12345	Prenuptial Agreement Document Date: May xx, 20xx	Fred Fiance 777 Oak Street Anytown, Anystate 44444
Today's date & time	Acknowledgment	9 Notary Street Notary City, NS 12345	Prenuptial Agreement Document Date: May xx, 20xx	Claudia Pastorelli 22 Elm Street Anytown, Anystate 44444

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and aware	\$X.00	<u>x FRED FIANCE</u>	Top of thumb here 
AZ DL #D00363370 Exp 5/1/2032				
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and aware	\$X.00	<u>x CLAUDIA L. PASTORELLI</u>	Top of thumb here 
USPP #E3333333 Exp 11/16/2020				



State of Notary

County of Notary

This document was acknowledged before me on this XX day of
May, 2019, by
Claudia Pastorelli and Fred Fiance (name[s] of
principal[s]).

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)

Scenario 4

- Jelani Sample asks you to notarize his letter of consent so his daughter can travel to Canada.
- Jelani is clearly signing the document willingly and is aware of what's going on.
- For ID, Jelani presents his driver's license that contains his current address.
- Jelani says that he was told to sign the document in front of you and swear to its truthfulness.

THE COMPLETE HOW-TO GUIDE FOR NOTARIES

Scenario 4

LETTER OF CONSENT TO TRAVEL

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

I Jelani Sample provide my consent for my child(ren) Susi Sample to
PARENT/GUARDIAN NAME OF MINOR

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

May XX, 20XX to June XX, 20XX
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, mobile

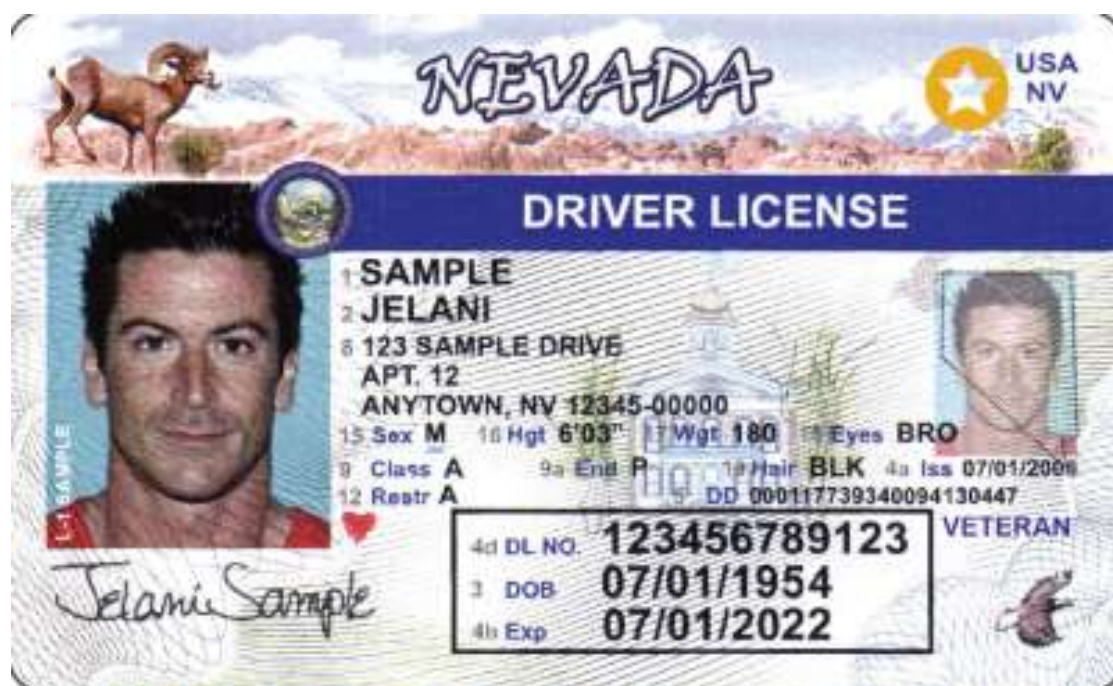
Signature of Notary: _____
Notary's Printed Name: _____
Notary Seal:

- Check the document:
 - Is it complete?
 - Signatures original?

- Where is the certificate?

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
1	Today's		9 Notary Street	Letter of Consent	Jelani Sample
	date &	Jurat	Notary City, NS	to Travel	Apt. 12 Anytown, NV
	time		12345	Document Date: May xx, 20xx	12345-00000

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and			
NV DL #123456789123	aware; attached	\$X.00		
Exp 7/11/2022	separate certificate			





State of Notary

County of Notary

Subscribed and sworn to (or affirmed) on this XX day of

May, 20 19, by Jelani Sample,

whose identity(ies) was/were proven to me.

(Your Official Signature)

Notary Signature

Notary
Seal

(Seal)

Scenario 5

- Caron Sample requests notarization of a Grant Deed for a property owned by her and her sister.
- You noticed the document is dated May xx, 20xx.
- It's complete except for two blank signature lines: one for Caron and one for her sister, Sharon K. Sample, who is not here.
- The certificate is acceptable in your state, but you notice that the certificate says, "personally appeared Caron Sample and Sharon K. Sample."
- Caron presents her driver's license and clearly is signing willingly and is aware of what's going on.

Scenario 5

Recording Requested by:
Escrow Number:
Title Order Number:

When Recorded Mail Document and Tax Statement to:
Sample Family Trust
555 Cheyenne Way
Modesto, CA 95336

APN Number: 054-36-11

GRANT DEED

The undersigned declare(s)
Documentary transfer tax is \$0.00 is computed on:
 Full value of property conveyed, or
 Full value less value of liens or encumbrances at time of sale,
 Unincorporated area of Stanislaus County, California

For no valuable consideration, receipt of which is hereby acknowledged, Caron Sample, a single woman with a separate estate hereby GRANT(S) to the SAMPLE FAMILY TRUST, Caron Sample and Sharon K. Sample, Trustees

the following described real property in the City of Modesto, CA

County of Stanislaus State of California

Lot 18 in Block 133599 of Windsor Tract No. 1, in the City of Modesto, County of Stanislaus, State of California, according to the Official Map thereof, filed in the Office of the Recorder of Stanislaus County, on March 28, 1991, in Volume 27 of Maps at page 56.

Date: May XX, XXXX

X _____ Date
Caron Sample

X _____ Date
Sharon K. Sample

Date of _____

County of _____

On _____ before me, _____, Notary Public, personally appeared Caron Sample and Sharon K. Sample, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

WITNESS my hand and official seal.

Notary Signature

(Seal)


MAIL TAX STATEMENTS AS DIRECTED ABOVE

- Check the document:
 - Is it complete?
 - Signatures original?

- Check the certificate:
 - Acknowledgment?
 - Verify signature.



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
	Today's		9 Notary Street	Grant Deed	Caron Sample
1	date &	Acknowledgment	Notary City, NS		123 North Street Apt. 2
	time		12345	Document Date: May xx, 20xx	Topeka KS 66612-1234

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and aware; Only Caron's signature notarized	\$X.00	x <i>Caron Sample</i>	Top of thumb here 
KS ID card #K12-34-5678				
Exp 1/11/2023				



State of Notary

County of Notary

On May xx, 2019, before me, (your printed name), Notary Public, personally appeared Caron Sample and ~~Sharon K. Sample~~, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

WITNESS my hand and official seal.

(Your Official Signature)

Notary Signature

Notary
Seal

(Seal)

Scenario 6

- Parker Sample brings a Durable Power of Attorney to you for notarization.
- Everything is in order.
- The document is dated a few days ago, it has certificate wording that is acceptable in your state, he's willing and aware and his driver's license is correct.
- You then notice the venue on the certificate says, "Idaho." That's where Parker had the POA drafted, but you are NOT an Idaho Notary!

Scenario 8

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

On 5/XX/XX, I, Parker Sample, being an adult of sound mind, hereby appoint Brunda Marie Sample 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 for 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 health 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.)

Date: _____

 (your signature)
Parker Sample
 (type or print your name), principal

Notarization

State of Idaho
 County of _____

On this _____ 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.

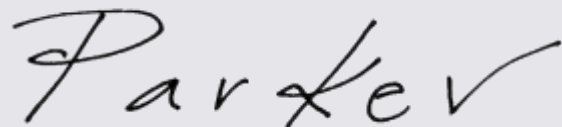

 Notary Signature (Seal)

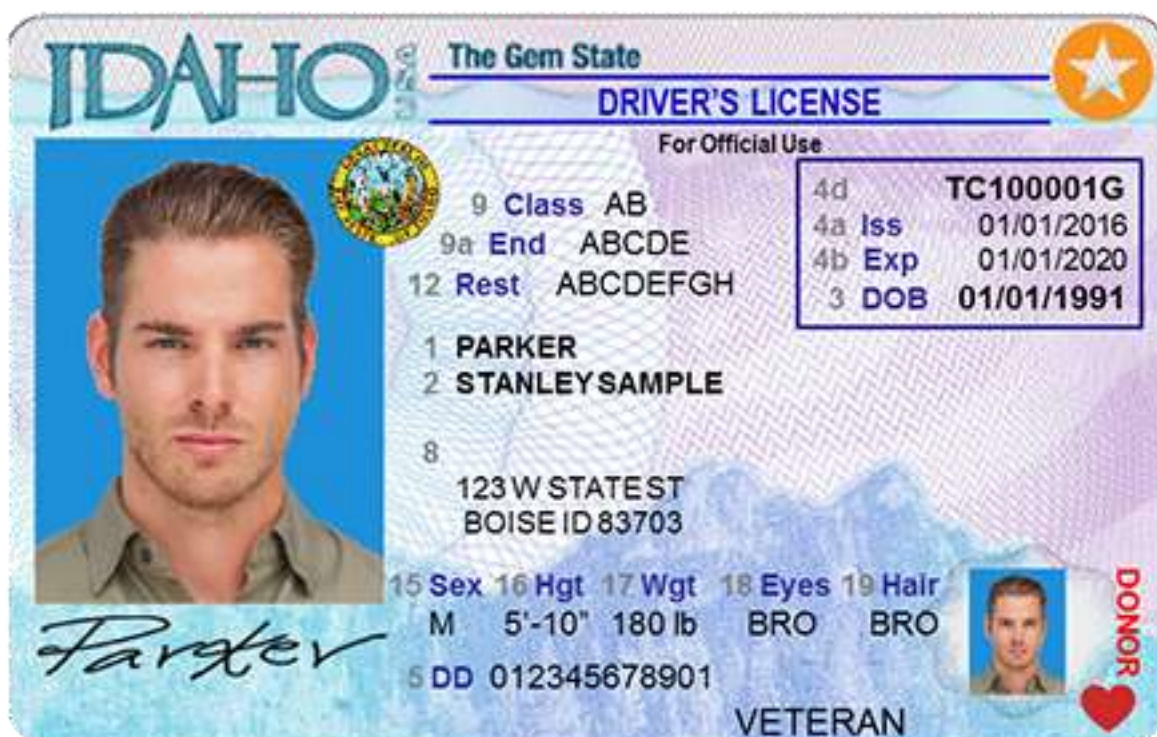
- Check the document:
 - Is it complete?
 - Signatures original?

- Check the certificate:
 - Acknowledgment?
 - Verify signature.
 - Check venue.



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
	Today's		9 Notary Street	Durable Power of	Parker Sample
1	date &	Acknowledgment	Notary City, NS	Attorney for Healthcare	123 W State Street
	time		12345	Document Date: May xx, 20xx	Boise, ID 83703

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Signer is willing and			
ID DL 012345678901	aware	\$X.00		
Exp 1/1/2020				





Notarization

State of ~~Idaho~~ _____ Notary (your initials)

County of _____ Notary _____

On this xx day of May, 2019, the principal,
Parker Sample 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.

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)

Scenario 7

- You visit Janice Sample in the hospital.
- She needs an affiant statement notarized, but she has two broken wrists and cannot sign.
- She is willing to make a mark to replace her signature.
- You ask two people next to you to be witnesses of her mark.
- Janice shows you her valid ID, and the certificate wording is acceptable in your state.
- Janice is fully aware of what's happening.



Affiant Statement

I, Janice Sample of 123 Main Street, Harrisonburg, do solemnly testify that on May xx, 20xx, I was in a bicycling accident. No vehicles were involved, nor were any other people. It was raining that day, and my wheels slid as I rode over the train tracks. There was no warning sign posted before the tracks, and I did not have time to prepare to safely cross them. I was riding at approximately 15 miles per hour and have a GPS device on my bicycle that shows that. I put my hands down to brace for impact, and broke both of my wrists. My brother, Jordan Sample also of 123 Main Street, Harrisonburg, is typing this on my behalf since I am not able to write or type. The doctors instructed me to not go back to work for 6 weeks when they can reassess my healing.

X (Mark of Janice Sample)

Today's Date

Signature of Janice Sample

Date

Witness: Random Witness

Witness: Random Witness

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ (date) of

_____ (month), 20 _____ (year)

(signer) proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Signature

Notary Seal

- Check the document:
 - Is it complete?
 - Signatures original?

- Check the certificate:
 - Jurat?
 - Witness signature.
 - Administer oath.

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
1	Today's		9 Notary Street	Affiant Statement	Janice Sample
	date &	Jurat	Notary City, NS		123 Main Street
	time		12345	Document Date: May xx, 20xx	Harrisburg, PA 17101-0000

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Random Witness' signature, Witness		 Mark of Janice Sample	Top of thumb here 
PA DL 99999999	(2 broken wrists; made mark;			
Exp 8/5/2020	signer aware)			





State of Notary

County of Notary

Subscribed and sworn to (or affirmed) before me on this XX (date) of
May (month), 2019 (year) Janice Sample

(signer) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Your Official Signature)

Notary Signature

**Notary
Seal**

Notary Seal

Scenario 8

- Connor Sample brings you a document in a language you do not understand.
- The certificate is also in a language you do not understand.
- Connor is willing to sign and is aware of what's happening.
- He presents his valid ID as satisfactory evidence.
- You have access to acceptable certificates from your state.

Pouvoir Général

Je _____ hereby nommer _____ mon avocat en fait d'agir en ma qualité de faire tous les actes que je peux faire légalement par un avocat en fait. Ce pouvoir sera en vigueur à la date ci-dessous rédigée et restera en vigueur jusqu'au _____ ou à moins que spécifiquement étendu ou annulé plus tôt par l'autre partie.

Dated _____ 20 _____

Signed _____

État de la _____

Comté d' _____

En ce jour de _____ devant moi _____ personnellement apparu _____ don't l'identité a été prouvée pour moi sur la base d'une preuve satisfaisante d'être la personne qu'il prétend être et a reconnu qu'il a signé le document ci-dessus.

Signature notaire

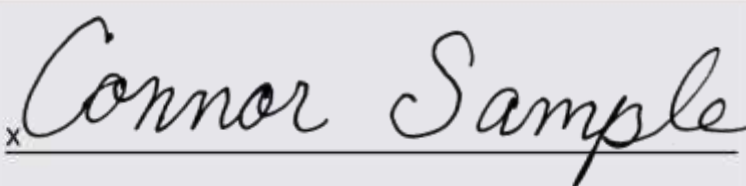

Sceau de notaire

- Check the document:
 - Is it complete?
 - Signatures original?

- Check the certificate:
 - Acceptable?
 - Signer chooses English certificate.



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
	Today's		9 Notary Street	Foreign Language	Connor Sample
1	date &	Acknowledgment	Notary City, NS	Document	123 N Main Street
	time		12345	Document Date: May xx, 20xx	North Quincy, MA 02171-1748

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer
<input type="checkbox"/> Personally Known by the Notary <input checked="" type="checkbox"/> ID Cards — Describe each card below <input type="checkbox"/> Credible Witness(es) — Include signature of each witness	Certificate in foreign			
MA DL S99988801	language. Signer chose	\$X.00		
Exp 1/12/2021	English acknowledgment.			





État de la _____

Comté d' _____

En ce jour de _____ devant moi _____
personnellement apparu _____ don't l'identité a été prouvée pour moi sur la base d'une
prevue satisfaisante d'être la personne qu'il pretend être et a reconnu qu'il a signé le document ci-dessus.

See attached certificate

Signature notaire

Sceau de notaire



If signer chose jurat:

State of Notary

County of Notary

Subscribed and sworn to (or affirmed) on this XX day of May,

2019, by Connor Sample, whose identity(ies) was/were proven to
me.

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)



If signer chose acknowledgment:

State of Notary

County of Notary

On this XX day of May, 2019, before me

Your printed name personally appeared Connor Sample, 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.

(Your Official Signature)

Notary Signature

**Notary
Seal**

(Seal)

Sample Entry with 1 Credible Witness

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
1	Date and	Jurat		Affidavit of Loss	Brock Montgomery 123 Signer's Address Signer's Town, CA 90000
	time of				
	notarization			Date of Document: Document date	

Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer	2
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input checked="" type="checkbox"/> Credible Witness(es) — Include signature of each witness		\$15	x Brock Montgomery	Top of thumb here	1
Wendy McNulty (or ID info)					

Sample Entry with 2 Credible Witnesses

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
1	Date and	Jurat		Affidavit of Loss	Brock Montgomery
	time of				123 Signer's Address
	notarization			Date of Document: Document date	Signer's Town, CA 90000

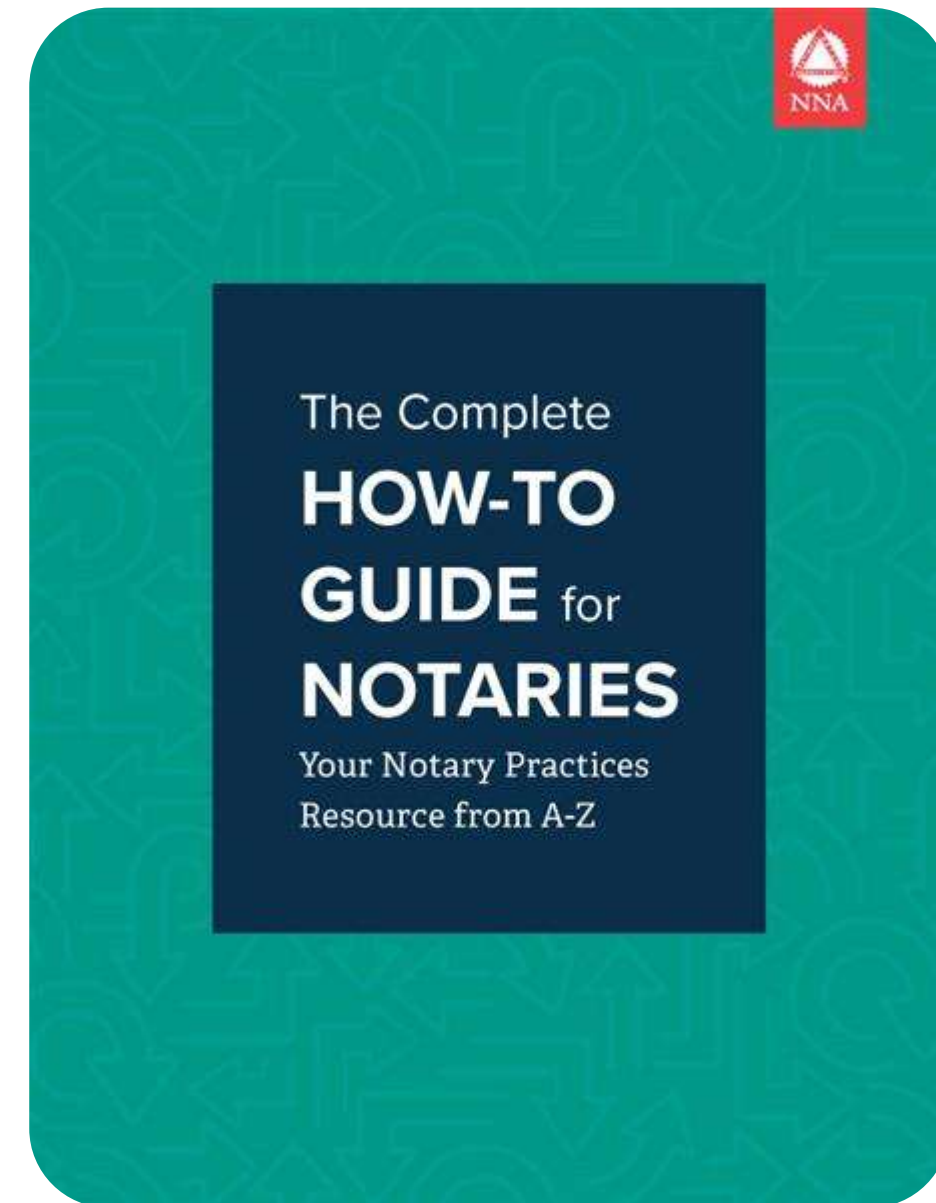
Identification of Signer	Additional Information	Notary Fee	Signature of Signer	Right Thumbprint of Signer	2
<input type="checkbox"/> Personally Known by the Notary <input type="checkbox"/> ID Cards — Describe each card below <input checked="" type="checkbox"/> Credible Witness(es) — Include signature of each witness	<i>Daniel Robinson</i>	\$15	x <i>Brock Montgomery</i>	Top of thumb here	1
<i>Wendy McNulty</i>	CADL DMV				
CADL DMV M4567890 Exp. 12/16/XX	P0987654 exp. 5/16/XX				



Questions?



The Complete How-To Guide for Notaries



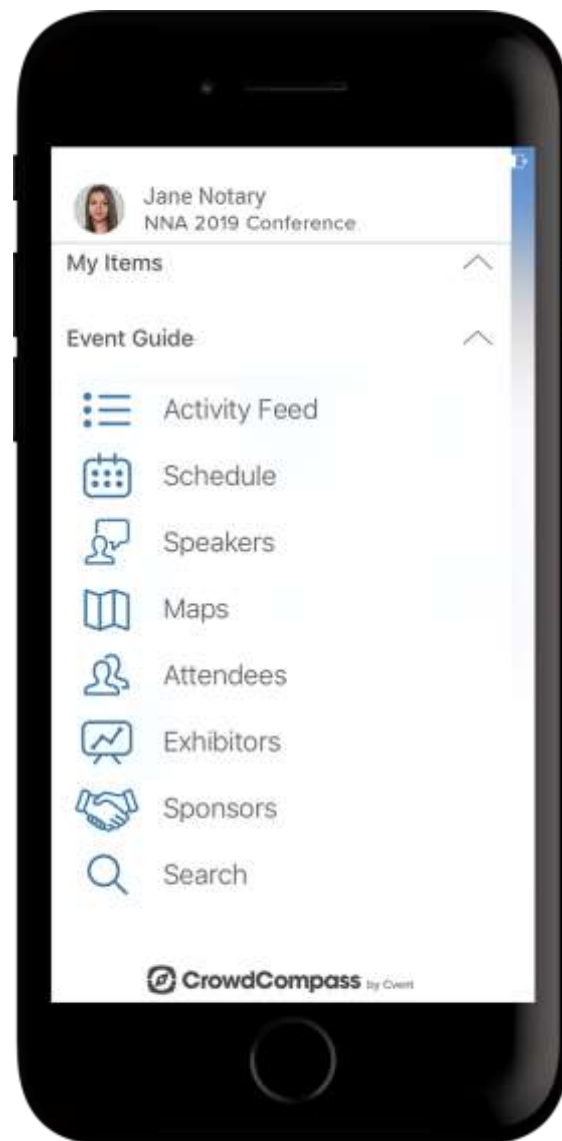
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