AFFIDAVIT OF DOMICILE

Account No. 99999999

John Doe, being duly sworn, deposes
(Name of Executor/Administrator/Personal Representative/Survivor/Attorney)

and says: That he resides at 123 Main Street, City of Bowie, County of Prince George's, State of Maryland and is the administrator of the estate of Richard Townsend.

That the decedent died a legal resident of the State of Maryland and was a resident of this state for a period of 10 years immediately preceding his death. That the decedent executed no will or other instrument within two years prior to his death in which he states that he was not a resident of any state other than the State of Maryland.

John Doe, Administrator
(Signature of Deponent and capacity in which affidavit was signed)

State _____

County _____

Signed and sworn before me, _____, a Notary Public, this

_____ day of _____, _____.

_____
(Notary Signature)

My Commission expires _____

CORPORATE RESOLUTION

Account Number	FA Code

I, *Jane Doe,* being duly constituted authorized officer of Sample Company, a corporation organized and existing under and by virtue of the Laws of the State of Maryland (hereinafter called this Corporation) do hereby certify that the attached is a true and complete copy of resolutions duly adopted by unanimous consent in lieu of a meeting/at a meeting of the Board of Directors of this Corporation, duly signed/called and held on November 10, 2020, at which a quorum was present and voting; that said resolutions are still in full force and effect and have not been rescinded; and that said resolutions are not in conflict with the Charter or By Laws f this Corporation.

Resolved: That any of the following officers, to wit.

John Brockingham
Robert Bosewell

_____

of this Corporation, be and they hereby are fully authorized and empowered.

I further certify that the officers named in said resolutions hold the below listed corporate titles.

Jason Fullwood	President
Jason Fullwood	Print Name
Robert Jones	Vice President
Robert Jones	Print Name
Jerry Ward	Secretary
Jerry Ward	Print Name
Monica Bennett	Treasurer
Monica Bennett	Print Name

Date _____ _____
(Signature of Authorizing Officer)

SEAL

_____

(If no seal, certify that there is no seal.)

Note: This certificate should be used in conjunction with wither the assignment provided on each certificate of stock and registered bond or a separate assignment. The officer certifying the resolution must not execute the assignment.

CORRECTION AGREEMENT – LIMITED POWER OF ATTORNEY

The undersigned Purchaser/Borrower and/or Seller, for and in consideration of (Lender) Sample Investments, LLC funding the closing of the loan on property described as: 9999 Golf Course Drive, Sampleville, MD 20722, agree, that if requested by Lender, to fuller cooperate, and adjust and correct all TYPOGRAPHICAL OR CLERICAL ERRORS discovered in any or all of the closing documentation executed b the undersigned at settlement.

The undersigned appoint Lender and its designee as their attorney-in-fact to correct any such errors, place our initials on documents where changes re made, and/or sign our names to and acknowledge any modification agreement or other document or form adjusting or correcting such errors. In the event this procedure is utilized, the parties involved shall be notified and receive a corrected copy of the changed document(s) from the Lender.

This Power of Attorney is coupled with an interest and shall be irrevocable until the loan is satisfied and shall survive the disability of the undersigned.

AS WITNESS our execution hereof, this _____ day of _____, _____

_____

(Borrower) (Borrower)

_____

(Borrower) (Borrower)

STATE OF MARYLAND
COUNTY OF:

I HEREBY CERTIFY that this record was acknowledged on this ____ day of _____, 20____ before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared John Doe, known to me or satisfactorily proven to be the person(s) who names(s) is/are subscribed within the Correction Agreement—Limited Power of Attorney and acknowledged that he/she/they executed the same for the purpose(s) therein contained.

As witnessed by hand and seal the day and year first above written.

_____
Notary Public

My commission expires: _____

ERRORS & OMISSIONS AGREEMENT

Borrowers: John Doe, Jane Doe
Property Address: 9999 Sample Boulevard, Bowie, MD 20721

The undersigned Borrower(s), as consideration for SAMPLE LOAN CENTER, INC, granting Borrower(s) a mortgage and disbursing the funds on the above referenced loan, agree(s) to the following:

In the event an of the documents evidencing, securing, or relating to the above referenced loan (the "Loan") misstate or inaccurately reflect the true and correct terms and provision of the Loan due to:

1. Mistake on the part of Lender or its employees or agents;
2. Clerical or other error.

Borrower shall, immediately upon request by lender, execute such new documents or initial such corrected documents, as Lender may deem necessary to remedy said misstatement, inaccuracy or mistake. Borrower acknowledged that Lender is relying on this agreement to enable Lender to secure the loan, to obtain guarantees and insurance, and to market and transfer the loan to entities including, …

Dated this 10th day of January, 9999.

_____

(Borrower) (Borrower)

STATE OF MARYLAND)
COUNTY OF:) :ss

On _____ before me, _____

personally appeared _____
NAME OF SIGNER(S)

☐ 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 to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

_____
Notary Public

My commission expires:

SAMPLE CLEARING CORPORATION
SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNT
DISCLAIMER BENEFITS

Gentlemen:

I, John Doe, am a beneficiary under the terms of the SCC Self-Directed Individual Retirement Account Agreement (the "SCC IRA"), as evidenced by the terms of the SCC IRAa Beneficiary Designation Form, a copy of which is attached hereto. Sample Clearing Corporation ("SCC") is the Custodian of the FCC IRA. I am currently domiciled in the State of Maryland.

Acting pursuant to Internal Revenue code Section 2518(b) and the laws of the state of my domicile, I irrevocably disclaim any and all benefits that, but for this Disclaimer of Benefits I would have received under the SCC IRA (Account # 9999).

I understand that by signing this document, I am making an irrevocable and unqualified refusal to accept an interest in the above referenced account. I certify that I have not previously assigned, conveyed, encumbered, pledged or transferred any property that I now disclaim or any interest in that property, nor have I contracted to do so. I have received or accepted any part of, or interest in, that property or executed any written waiver of my rights to disclaim.

_____
Name

_____
Date

STATE OF _____

CITY/COUNTY OF: _____

This Disclaimer of Benefits was subscribed, sworn and acknowledged before me this _____ day of _____ by _____ in the City/County of _____.

_____
Notary Public

My commission expires:

I acknowledge a receipt of a copy of this Disclaimer of Benefits on the _____ day of _____, _____ on behalf of _____.

By: _____

Title: _____

CORPORATION ACCOUNT

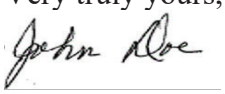
(SECURITY CASH ACCOUNTS ONLY - LIMITED AUTHORITY)

Sub Firm#	FA CODE	ACCOUNT NUMBER
999999999	9999-XXX	000000009999999

To Whom It May Concern:

The undersigned corporation (herein called the corporation), by _John Doe, it's President or Vice President, pursuant to the resolutions, a copy of which certified by the Secretary, is annexed hereto, hereby authorizes you to open an account in the name of said Corporation; and the undersigned also agrees to the terms of the Cash Account Agreement also annexed hereto. This authorization shall continue in force until revoked by the undersigned Corporation by a written notice.

Very truly yours,



President

I, _____Mary Jones_____ being the Secretary of _Dyson Corporation_, hereby certify that the annexed resolutions were fully adopted by unanimous consent in lieu of a meeting/at a meeting of the Board of Directors of said Corporation, duly signed/held on the __12th_ day of ____9999___ at which quorum of said Board of Directors has ratified/was present and acting throughout and that no action has been taken at which a quorum of said Board of Directors has ratified/was present and acting throughout and that no action has been taken to rescind or amend said resolutions and the same are now in full force and effect.

I further certify that the officers named in said resolutions had the below listed corporate titles:

John Doe, President
Chet Henderson, Vice-President
Randall Paul, Treasurer
Mary Jones, Secretary

_____
Signature of Officer

State of Maryland
County of

This record was acknowledged before me on the _____ day of _____, 20____ by _____ as _____ of _____.

_____ _____
Signature of Notarial Officer Title of Notarial Officer

BACKGROUND INFORMATION:
YOU ARE **COMMISSIONED** IN **PRINCE GEORGE'S COUNTY** AND YOU ARE **NOTARIZING** A DOCUMENT IN **CHARLES COUNTY.**

POWER OF ATTORNEY

The undersigned client(s), John Marquez, Jr. and Ellen M. Marquez, agree that if requested by Trader's Lending Institution to fully cooperate with adjusting and correcting all typographical or clerical errors discovered in any or all of the enclosed documentation executed.

The undersigned appoint Lender and its designee as their attorney-in-fact to correct any such errors, place our initials on documents where changes are made, and/or sign our name to and acknowledge any modification agreement or other document or form adjusting or correcting such errors. In the event this procedure is utilized, the parties involved shall be notified and receive a corrected copy of the changed documents(s) from Lender.

_____ _____
Signature Signature

STATE OF MARYLAND

COUNTY OF PRINCE GEORGE'S

On _____ day of _____, in the year _____, before me, the undersigned, a Notary Public in and for the said state, personally appeared John Marquez, Jr. and Ellen M. Marquez, husband and wife.

Personally known to me or proved to me on the basis of satisfactory evidence, to the individual(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individual or the personal upon behalf of which the individual(s) acted, executed the agreement.

_____
Notary Public Charles County

My Commission Expires:

UNEMPLOYED AFFIDAVIT

Applicant Name: Jane Doe

In connection with your review of my application for residency at Jordan Manor Apartments, I confirm that:

I, Jane Doe, state that I am currently not employed and receive no income or compensation from any source of employment at the present time. Furthermore,

[X] I do not anticipate becoming employed within the next twelve (12) months.

[ ] I currently do not have a job offer at this point in time, but I do anticipate becoming employed within the next twelve (12) months. Based upon my prior employment history and educational training, I anticipate earning $ _____ over the next twelve (12) months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

[ ] I am not currently employed but I do expect to start employment on
_____ with _____
(Starting Date of Employment) *(Company Name)*

Earning $ _____ per hour, working _____ hours per week.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency at _____Jordan Manor_____ Apartments and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

Applicant/Tenant _____ Date _____

Notary _____ Date _____

YourBank

This is to certify that the within instrument has been prepared by a party named to the instrument.

_____
Signature of Authorized Agent

STATE OF MARYLAND, PRINCE GEORGE'S County ss:

I hereby certify, that on this _____, before me the subscriber, a Notary Public of the State of _____ and for the _____ personally appeared _____,
the agent of the party secured by the foregoing Deed of Trust, and made oath in due form of law that the consideration recited in said Document is true and bona fide as therein set forth; and made oath that he is the agent or parties secured and is duly authorized to make this affidavit.

AS WITNESS my hand and notarial seal.

Notary Public: _____

My Commission Expires: _____

MVA	Motor Vehicle Administration 6801 Ritchie Highway, N.E. Glen Burnie, Maryland 21062	VR-181 (03-06)

Bill of Sale

This form must be used to establish the purchase price of your vehicle. A notary is required.

Please describe the vehicle being sold

2015 Chrysler 200 2-Door XXXXX99999XXXXX

I/We do hereby sell to:

Names of buyer(s): John Doe, Jane Doe

For the total sum of $2,000.00 which has been received. This sum represents the mutually agreed upon purchase price of the vehicle, between both the buyers(s) and the seller(s). The reason the vehicle may be purchased for a price less than the fair market value is as follows:

_____

_____

To the best of my knowledge, the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading: 10,000 miles

☐ 1. The mileage is in excess of its mechanical limits.

☐ 2. The odometer reading is not the actual mileage.

Warning Odometer Discrepancy

Please notarize your sale. A second space is provided for notarizing an additional party to the transaction who may not be present at the initial notarization. It is not necessary to require two notaries if one will suffice for all parties.

I/we certify under penalty of perjury, that the statements made are true and correct to the best of my/our knowledge, information and belief. I understand that giving a false statement is a misdemeanor and subject to fines not exceeding $500, imprisonment for not more than 2 months or both.

This _____**day of** _____(year) _____

Seller(s) signature(s)

_____

_____

Seller(s) printed names

_____

_____

This _____**day of** _____(year) _____

Buyer(s) signature(s)

_____

_____

Buyer(s) printed names

_____

_____

Subscribed and sworn to before me:

This _____**day of** _____(year) _____

Notary Public signature

_____

My Commission Expires _____

Place Seal Here

Subscribed and sworn to before me:

This _____**day of** _____(year) _____

Notary Public signature

_____

My Commission Expires _____

Place Seal Here

For more information, please call: 1-999-9999 (touch tone calls only), 1-999-999-1MVA (1682) (to speak with a customer service representative)
From Out-of-State: 1-301-999-9999, TTY for the hearing impaired. 1-999-999-9999. Visit our website at: www.samplesite.com

RESIDENTIAL LEASE – PRIVATE RESIDENCE

Facts and Questions

(1) Shirley Sample brings you this Residential Lease for notarization.	(2) The document was originally signed by Robert and Shirley Sample.	(3) Would you notarize this document?
(4) If you would not notarize this document, please explain why.	(5) If you would notarize this document, what type of notarization would you perform?	

This lease is made on the 21st day of April 2020. The Landlord hereby agrees to lease to the Tenant and the Tenant hereby agrees to rent from the Landlord the leased premises described below pursuant to the terms and conditions specified herein:

LANDLORD:	Mr. & Mrs. Sample		TENANTS(S):	Mr. and Mrs. Parker
Address:	999 Sample Ln, Bowie, MD 20721		Address:	914 Silver Drive, Hyattsville, MD 20785

1. Leased Premise. The Leased premise is described as: 3 bedrooms, kitchen, full bath, and den.
2. Term: Term of the lease shall be for a term of one year beginning on the 15th day of May 2020 and ending on the 30th day of April 2021. If Tenant remains in possession of the leased premise with the consent of the Landlord after the lease expiration date stated above, this lease will be converted to a month-to-month lease and each party shall have the right to terminate the lease by giving at least one month's prior written notice to the other party.
3. Rent. The monthly rental amount for the lease premises is $1,500.00 per month. The rent payment must be paid by the 3rd day of each month at the Landlord's address listed above. The first month's rent is to be paid when tenant signs this lease. Landlord need not give notices to tenant regarding tenant's obligation to pay rent.
4. Occupants. The leased premises shall be occupied by the following persons only: Mr. Don Parker and Mrs. Olivia Parker and son, Ronnie Parker.
5. Utilities/Services: Tenant is responsible for the payment of all utilities and services, except for the following: repairs and major appliances – refrigerator, stove, dryer/washer, dishwasher – which shall be paid by the Landlord. Tenant is responsible for all damages to the property.
6. Additional Terms and Conditions. Agreed by both parties: No social gatherings on the property. HOA does not permit block parties or excessive noise after certain hours. Landlord will provide tenants with HOA Rules Book.

This lease is effective when Landlord delivers a copy signed by all parties to the Tenant. The parties have signed this agreement in duplicate on the day and year written above.

Mr. & Mrs. Sample *May 15, 2020*

Landlord or Landlord's Authorized Agent

Don Parker *Olivia Parker*

Tenant *Tenant*

AFFIDAVIT – AS TO TAXES NOT YET DUE AND PAYABLE

I, _____ (borrower) do swear and affirm:

1. That I am the owner of property located at: _____.
2. That I understand that taxes not yet due and payable are not being estimated and collected in connection with my refinance with Lakeview Loan Servicing being conducted by Sample Title Company.
3. That is I understand that if the actual amount of said taxes exceeds what are collected in connection with my refinance by Sample Title Company that I will be solely responsible for any shortfall between what has been collected and what the actual amount of the taxes that are levied.
4. That I will indemnify and hold harmless Sample Title Company from any shortfall or penalty and interest which results from any additional tax levy or my failure to pay said taxes when they are due.
5. That I understand the Sample Title Company will contact me to send them additional funds to pay said taxes immediately following the closing and that I will be solely responsible for paying said taxes in a timely fashion to avoid any additional penalty and interest.
6. That I make this declaration for the purpose of inducing Sample Title Company to issue certain Title Insurance Policy, or Policies, insuring title to said land without exception as to the unpaid taxes.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is made this _____ day of _____, 20_____ at _____ (state).

_____

_____

State of _____

County of _____

On this _____ day of _____, in the year _____, before me

_____, Notary Public in and for said County and State, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to this instrument, and acknowledged to me that he/she/they executed it.

_____
Notary Public Signature

My commission expires:

St. Joseph Funeral Home

1064 Bassell Avenue, Benton, Arkansas

501-999-9999

Death Certificate

This is to certify that _____ passed away _____

On November 1, 2020 at 12:00 pm in witness of her mother Leonora

Confirmed this on November 2, 2020 at St. Joseph Funder

Dave Arthemis | *Dave Arthemis*

Office Staff at St. Joseph Funeral Home
1064 Bassell Avenue, Benton,
Arkansas