

OBTAINING EXEMPLARS



**Federal Bureau of Investigation
Laboratory Division
2501 Investigation Parkway
Quantico, Virginia 22135
Questioned Documents Unit
703-632-8444**

OBTAINING KNOWN WRITING

THE GOLDEN RULE

Questioned and known specimens **MUST** be comparable

"A" cannot be compared to "G" -- "John Jones" cannot be compared to "Samuel Hansen"
Handwriting cannot be compared to hand printing.

1. If you have cursive questioned writing - Get cursive known writing
2. If you have uppercase, hand printed questioned writing - Get uppercase, hand printed known writing
3. If questioned text is in pencil - Have subject use a pencil to write known specimens
4. If a questioned signature is potentially fraudulent - Get uncontested copies of the authentic signature
5. Have subject write on paper that is similar in form to the questioned document. (EXAMPLE: If questioned writing is on lined paper - use lined paper to collect exemplars)

HELPFUL HINT TO CREATE BLANK EXEMPLAR FORMS: *Photocopy the questioned form, white-out the questioned text, and then re-photocopy the document.*

Known Specimens Must Be Adequate

The quality of a handwriting examination depends on the document examiner's ability to evaluate variations in a subject's handwriting and to recognize similarities and dissimilarities between the questioned and known writing samples. The more known writing--the more comprehensive the examination.

What is Adequate?

To compare a signature-get **AT LEAST 25** dictated known signatures
For extended text-get **AT LEAST 5** repetitions of that text (or large portions of that text)

Heed the Following Rules:

- Do not let the subject see the questioned writing.
- Remove the known writing from the subject's sight after he or she completes a page.
- Dictate the wording to the subject. (*Some jurisdictions require exemplars to be copied from a document rather than dictated to the writer -- it would be wise to type out some of the questioned text and have the subject copy it*)
- Get a few samples from the subject's weaker hand.
- Make sure undictated known writing is contemporaneous to the questioned document(s).

100 SOURCES OF KNOWN HANDWRITING SPECIMENS

1. Account books
2. Affidavits
3. Assignments
4. Autographs
5. Automobile insurance applications
6. Automobile license applications
7. Automobile title certificates
8. Bank deposit slips
9. Bank safe deposit entry slips
10. Bank savings withdrawal slips
11. Bank signature cards
12. Bank statements, receipts for
13. Bills of sale
14. Bonds
15. Books, signatures of owner in
16. Building "after hours" register
17. Business license applications
18. Charity pledges
19. Checkbook stubs
20. Checks, including endorsements
21. Church pledges
22. Convention registration books
23. Contracts
24. Cooking recipes
25. Corporation papers
26. Prison forms
27. Credit applications
28. Credit cards
29. Deeds
30. Depositions
31. Diaries
32. Dog license applications
33. Drafts
34. Drivers licenses and applications
35. Driving directions
36. Druggists' registers
37. Employment applications
38. Envelopes
39. Fishing licenses
40. Funeral attendance registers
41. Gas service applications
42. Gasoline mileage records
43. Gate records at defense plants
44. Greeting cards, Christmas, etc.
45. Hotel and motel guest registers
46. Hunting license
47. Identification cards
48. Immigration records
49. Inventories
50. Leases, real property
51. Letters
52. Library card applications
53. Light company applications
54. Life insurance applications
55. Loan applications
56. Mail orders
57. Manuscripts
58. Marriage records
59. Membership cards
60. Memoranda of all kinds
61. Military papers
62. Mortgages
63. Newspaper or advertisement copy
64. Occupational writings
65. Package receipts
66. Parent's signature on report card
67. Partnership papers
68. Pawn tickets
69. Passports
70. Payrolls receipts
71. Pension applications
72. Permit applications
73. Petitions, referendum, etc.
74. Photograph albums
75. Pleadings
76. Postal cards
77. Probate court papers
78. Promissory notes
79. Property damage reports
80. Receipts for rent, etc.
81. Registered mail return receipts
82. Releases of mortgages
83. Religious books
84. Rental contracts for automobiles/equipment
85. Reports
86. Retail store sales slips
87. School and college papers
88. Social security cards & papers
89. Sport and game score cards
90. Stock certificates, endorsements
91. Surety bond applications
92. Tax estimates and returns
93. Telegram copy
94. Telephone service applications
95. Time sheets
96. Traffic tickets
97. Voting registration records
98. Water company service applications
99. Wills
100. Workman's compensation papers

STATEMENT

Date _____ Place _____ Time _____

I, the undersigned _____ am _____ years of age, my date of birth
is _____. I now live at _____.

I have been advised that this is a voluntary statement. It is made without promise of reward, without fear or threat of physical harm, and without coercion by any person whomsoever.

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

PERSONAL HISTORY

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Residence Telephone Number: _____

Social Security Number: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Height: _____ Weight: _____

Color of Eyes: _____ Color of Hair: _____

Place of Employment: _____

Address of Employer: _____

Employer Telephone Number: _____

Occupation or Trade: _____

Name and address of nearest relative: _____

Relationship: _____

Number of brothers: _____ sisters: _____

Write "Dollar" signs: _____ Write "Cents" signs: _____

Write "And" signs: _____ Write your initials: _____

Write upper case letters of the alphabet: _____

Write lower case letters of the alphabet: _____

Write numerals 1 through 20: _____

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

PERSONAL CHECKS

JOHN DOE 123 First Street Washington, D.C. 12345	123 12-3456/7890
<i>Pay to the</i> <i>Order of</i> _____	_____ 19 _____ \$ _____ _____ Dollars
1st NATIONAL BANK 1234 Second Street, Washington, D.C. 12345	
<i>For</i> _____	
:012345:678901234:	:012345:

Personal Check

ENDORSEMENT AND ADDRESS _____ _____ _____	
-----------------------------------------------------------	--

Endorsement of Check

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

BUSINESS CHECKS - A

ISSUED BY _____	NATIONAL STATE BANK OF WYOMING	1234567
REMITTER _____	1234 South Fork Road, Cheyenne, Wyoming 12345	2-345/678
PAY TO THE ORDER OF _____		19 _____
		\$ _____
		_____ DOLLARS
CASHIER'S CHECK <small>PURCHASE OF AN INDEMNITY BOND WILL BE REQUIRED BEFORE THIS CHECK WILL BE REPLACED IN THE EVENT IT IS LOST OR STOLEN</small>		
:012345:678901234:5678901234:		

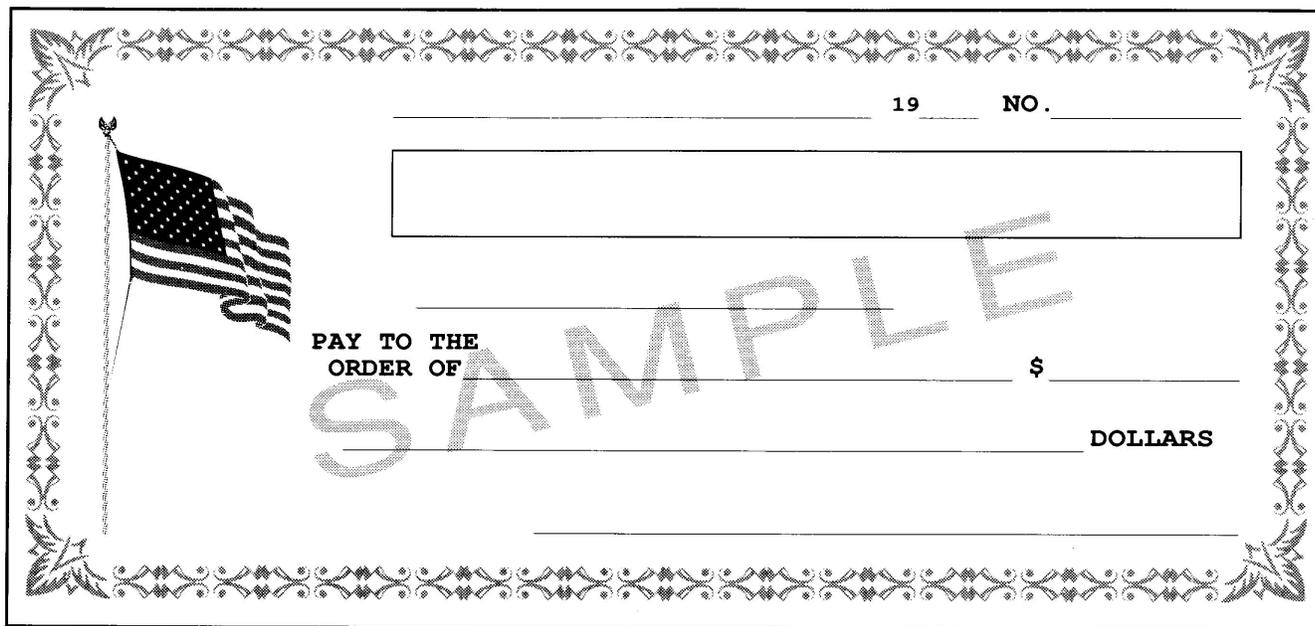
Business Check

ENDORSEMENT _____ _____ _____	
-----------------------------------------------	--

Endorsement of Check

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

BUSINESS CHECKS - B



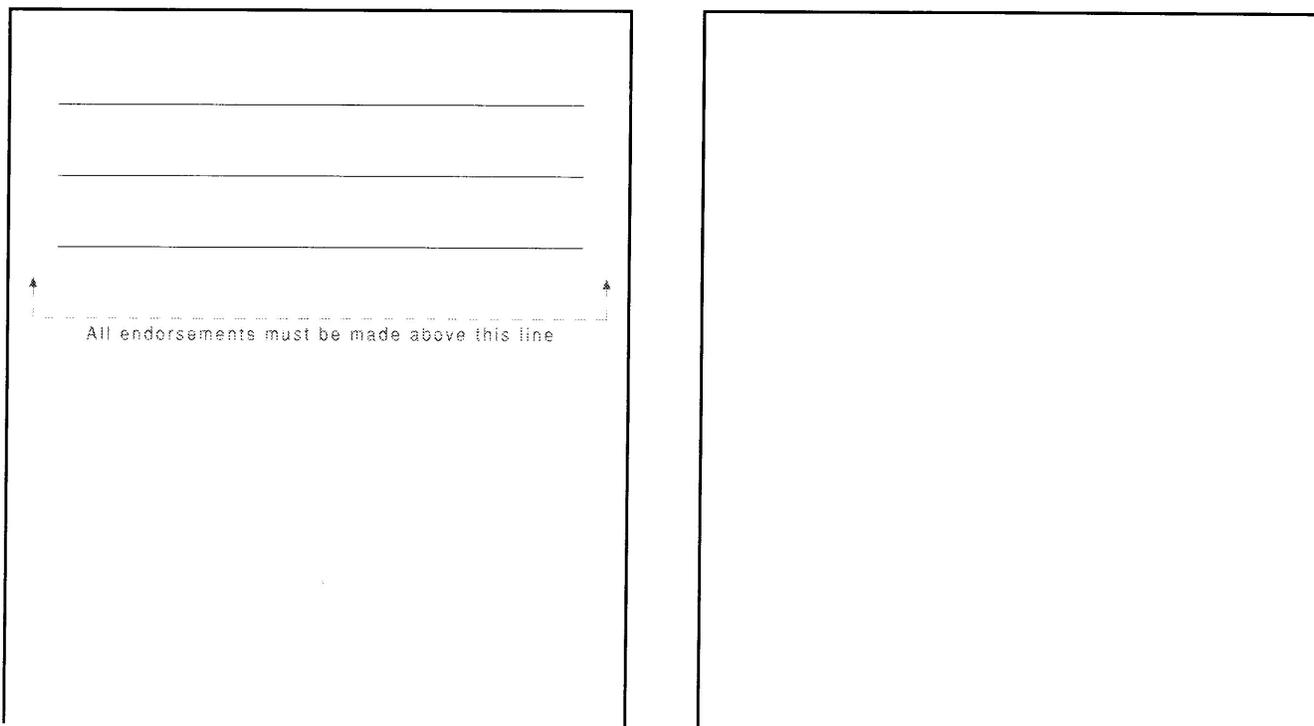
19 _____ NO. _____

**PAY TO THE
ORDER OF** _____ \$ _____

_____ **DOLLARS**

SAMPLE

Business Check



↑ _____ ↑
All endorsements must be made above this line

Endorsement of Check

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

BUSINESS CHECKS - C

Smith's Mobile Communications, Inc.	01234 567
12-345/678	_____ 19 _____
PAY _____ \$	
TO THE ORDER OF _____	_____ DOLLARS
:012345:678 901 2:345 :6: 789 0:	

Business Check

ENDORSEMENT AND ADDRESS

Endorsement of Check

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

MONEY ORDERS - A

12 - 34 5678	
<h1>Credit Union Money Order</h1>	
01-234567890	
PAY TO THE SUM OF NOT GOOD OVER \$500.	
DATE _____ 19__	
TO THE ORDER OF _____	
SENDER'S NAME AND ADDRESS _____	BEFORE CASHING READ NOTICE ON BACK

:123456789:01 :2345678901:	

Money Order

<p style="text-align: center;">IMPORTANT DO NOT CASH FOR STRANGERS</p> <p>THIS MONEY ORDER WILL NOT BE PAID IF IT HAS BEEN ALTERED OR STOLEN OR IF AN ENDORSEMENT IS MISSING OR FORGED. BE SURE YOU HAVE EFFECTIVE RECOURSE AGAINST YOUR CUSTOMER.</p> <p>_____</p> <p style="text-align: center;">PAYEE'S ENDORSEMENT</p>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Back of Money Order

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

MONEY ORDERS - B

MoneyExpress	Money Order 000 0000 000
PAY TO THE ORDER OF _____	DATE _____ 12-34 567
- NOT VALID FOR OVER THREE HUNDRED U.S. DOLLARS -	
Payable thru EveryBank, Fargo, ND	SIGNATURE _____ ADDRESS _____
:0000000000: 000 0000000000:00	

Money Order

<p style="text-align: center;">IMPORTANT DO NOT CASH FOR STRANGERS</p> <p>THIS MONEY ORDER WILL NOT BE PAID IF IT HAS BEEN ALTERED OR STOLEN OR IF AN ENDORSEMENT IS MISSING OR FORGED. BE SURE YOU HAVE EFFECTIVE RECOURSE AGAINST YOUR CUSTOMER.</p> <p>_____ PAYEE'S ENDORSEMENT</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Back of Money Order

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

TRAVELER'S CHECKS

WHEN COUNTERSIGNED BELOW WITH THIS SIGNATURE

MoneyExpress 12345 678 910

CITY AND DATE _____ 19____

Express Travelers Cheque US \$20

Pay this Cheque to the Order of

IN UNITED STATES IN ALL OTHER COUNTRIES

TWENTY DOLLARS TWENTY DOLLARS

COUNTERSIGN HERE IN THE PRESENCE OF PERSON CASHING

John J. Doe, Jr.

:0000000000: 000 0000000000:00

Check 1

WHEN COUNTERSIGNED BELOW WITH THIS SIGNATURE

MoneyExpress 12345 678 910

CITY AND DATE _____ 19____

Express Travelers Cheque US \$20

Pay this Cheque to the Order of

IN UNITED STATES IN ALL OTHER COUNTRIES

TWENTY DOLLARS TWENTY DOLLARS

COUNTERSIGN HERE IN THE PRESENCE OF PERSON CASHING

John J. Doe, Jr.

:0000000000: 000 0000000000:00

Check 2

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

BANK FORMS - Deposit Slip A



DEPOSIT

ACCOUNT NUMBER

--	--	--	--

 -

--	--	--	--	--	--

DATE

--	--	--	--

MONTH DAY YEAR

	CHECKING / MONEY MARKET..... 20
	SAVINGS..... 30
	CERTIFICATE..... 31

NAME: _____		CASH		
NAME: _____		Transfer from No. _____		
Signature for cash received X _____		CHECKS		
ALL ITEMS SUBJECT TO FINAL PAYMENT IN CASH		CHECKS FROM BACK		
<input style="width: 80px;" type="text"/>		LESS CASH RETURNED		
		TOTAL		

0032-0094

Deposit Slip

BE SURE EACH ITEM IS ENDORSED

	CHECKS LIST SINGLY	DOLLARS	CENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
	TOTAL		

ENTER TOTAL ON THE FRONT OF THIS TICKET

Back of Deposit Slip

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

BANK FORMS - Withdrawal Slip



AnyBank
FDIC Insured

WITHDRAWAL

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--

DATE

MONTH	DAY	YEAR	

	CHECKING / MONEY MARKET	20
	SAVINGS	30
	CERTIFICATE	31

AMOUNT			NAME:
EARNINGS TO DATE			NAME:
TOTAL			SIGNATURE:
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK NO. _____			SIGNATURE:
<input type="checkbox"/> TRANSFER TO NO. _____			MAKE CHECK TO:
<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>			

1234-1234

Withdrawal Slip

BE SURE EACH ITEM IS ENDORSED

	CHECKS LIST SINGLY	DOLLARS	CENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
	TOTAL		

ENTER TOTAL ON THE FRONT OF THIS TICKET

Back of Withdrawal Slip

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

BANK FORMS - Signature Card

Social Security Number	Name - Last, First, Initial	Employed By
Residence or Post Office Address	Date of Birth	Telephone Home ()) Work ())
City State Zip	Mother's Maiden Name	
Share <input type="checkbox"/> Share Draft <input type="checkbox"/> IRA <input type="checkbox"/>	Add Joint <input type="checkbox"/> Delete Joint <input type="checkbox"/>	From: New Name Change Only
<p><small>Thereby make application for membership in the FEDERAL CREDIT UNION and agree to its bylaws and amendments thereof and subscribe for at least one share.</small></p> <p><small>I certify that to the best of my knowledge there is no employee type Credit Union available to me in the area of my employment.</small></p> <p><small>Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I acknowledge receipt of W-9 instructions.</small></p> <p><small>DO NOT PRINT</small></p> <p style="text-align: right;">NON-TRANSFERABLE</p> <p><small>SIGNATURE: _____</small></p> <p><small>This application approved by the Board; Executive Committee; or Membership Officer.</small></p> <p>Date: _____ Signed: _____</p>		
<h3>JOINT SHARE ACCOUNT AGREEMENT</h3> <p>The FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account, hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners will all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment of any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment.</p> <p>Any or all of said joint owners may pledge all or any part of the shares of this account as collateral security to a loan or loans.</p> <p>The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.</p>		
<i>Social Security No.</i>	<i>Joint Owner Signature (Do Not Print)</i>	<i>Date of Birth</i>

Front of Signature Card

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

BANK FORMS - Signature Card

SHARE DRAFT AGREEMENT With Overdraft Transfer Clause

I/We hereby authorize the Federal Credit Union to establish a special share account for me/us to be known as a "Share Draft Account". The Federal Credit Union is authorized to pay share drafts signed by me (or any of us, if this agreement is signed by more than one person) and to charge the payments against the Share Draft Account.

It is agreed that:

(a) only share draft blanks and other methods approved by the Federal Credit Union may be used to withdraw funds from this Share Draft Account;

(b) the Federal Credit Union is under no obligations to pay a draft which exceeds the balance of the Share Draft Account;

(c) only three (3) self-initiated telephone transactions and/or pre-arranged automatic transactions from shares to a third party or from shares to share draft during a one-month period;

(d) except for negligence, the Federal Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft;

(e) any objection respecting any item shown on a quarterly statement of the Share Draft Account shall be waived unless made in writing to the Federal Credit Union on or before the twentieth day following the day the statement was mailed;

(f) all non-cash payments received on shares in the Share Draft Account will be credited subject to final payment;

(g) the Share Draft Account shall be subject to service charges in accordance with the rate schedules adopted by the Federal Credit Union from time to time;

(h) the use of the Share Draft Account is subject to such other terms, conditions and requirements as the Federal Credit Union may establish from time to time; and

(i) if signed by more than one person, this agreement is subject to the additional terms and conditions of any joint share account agreement that applies to a share account in our joint names; or, if there is no such agreement, this agreement is subject to the additional terms and conditions printed on the back of this card.

Additional Terms and Conditions* (Joint Share Account Agreement)

The Federal Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction of any business from this account. The joint owners of this account hereby agree with each other and with the Federal Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge the Federal Credit Union from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The right of authority of the Federal Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Federal Credit Union which shall not affect transactions theretofore made.

***Note:** These Additional Terms and Conditions apply **only** if there is no joint share account agreement that applies to a share account in the names of the persons whose signatures are subscribed on the reverse side hereof.

DO NOT PRINT

Signature(s) _____

Back of Signature Card

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

BANK FORMS - Credit Card



X _____

X _____

HANDWRITING SPECIMEN <i>(Credit Cards - Use appropriate space)</i>	Specimen Writer's Signature		

X _____

_____ X

X _____

X _____



X _____

X _____

HANDWRITING SPECIMEN <i>(Credit Cards - Use appropriate space)</i>	Specimen Writer's Signature		

X _____

_____ X

X _____

X _____

Credit Card Endorsement

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

RECEIPTS

QTY	DESCRIPTION	AMOUNT
DATE	REF. NO.	SUB TOTAL
AUTHORIZATION	CLERK	TAX
CASH RECEIVED		
SALES DRAFT	TOTAL	
<small>Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.</small>		
X CUSTOMER SIGNATURE RETAIN THIS COPY FOR YOUR RECORDS CUSTOMER COPY		

QTY	DESCRIPTION	AMOUNT
DATE	REF. NO.	SUB TOTAL
AUTHORIZATION	CLERK	TAX
CASH RECEIVED		
SALES DRAFT	TOTAL	
<small>Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.</small>		
X CUSTOMER SIGNATURE RETAIN THIS COPY FOR YOUR RECORDS CUSTOMER COPY		

Sample Receipts

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

PAYMENT VOUCHERS - A

Tear off here

Form **1041-ES**

Department of the Treasury
Internal Revenue Service

**1994
Payment
Voucher 3**

**Return this voucher with check or money order payable to the Internal Revenue Service.
Please do not send cash or staple your payment to this voucher.**

OMB No. 1545-0971

(Calendar year--Due Sept. 15, 1994)

Please write the estate's or trust's EIN and "1994 Form 1041-ES" on your check or money order.

1 Amount of payment \$	Please type or print	Employer identification number
		Name of estate or trust
Name and title of fiduciary		
Number, street, and room or suite no.		
City, state, and ZIP code		
2 Fiscal year filers--enter year ending (month and year)		
File only if you are making a payment of estimated tax.		

Voucher 1

Tear off here

Form **1041-ES**

Department of the Treasury
Internal Revenue Service

**1994
Payment
Voucher 3**

**Return this voucher with check or money order payable to the Internal Revenue Service.
Please do not send cash or staple your payment to this voucher.**

OMB No. 1545-0971

(Calendar year--Due Sept. 15, 1994)

Please write the estate's or trust's EIN and "1994 Form 1041-ES" on your check or money order.

1 Amount of payment \$	Please type or print	Employer identification number
		Name of estate or trust
Name and title of fiduciary		
Number, street, and room or suite no.		
City, state, and ZIP code		
2 Fiscal year filers--enter year ending (month and year)		
File only if you are making a payment of estimated tax.		

Voucher 2

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

PAYMENT VOUCHERS - B

Tear off here

Form **1041-ES**
 Department of the Treasury
 Internal Revenue Service

1994
Payment
Voucher **4**

Return this voucher with check or money order payable to the Internal Revenue Service.
Please do not send cash or staple your payment to this voucher.

OMB No. 1545-0971
 (Calendar year--Due Jan. 17, 1995)

Please write the estate's or trust's EIN and "1994 Form 1041-ES" on your check or money order.

<p>1 Amount of payment \$</p> <p>2 Fiscal year filers--enter year ending (month and year)</p> <p>File only if you are making a payment of estimated tax.</p>	Please type or print	<p>Employer identification number</p> <p>Name of estate or trust</p> <p>Name and title of fiduciary</p> <p>Number, street, and room or suite no.</p> <p>City, state, and ZIP code</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Voucher 1

Tear off here

Form **1041-ES**
 Department of the Treasury
 Internal Revenue Service

1994
Payment
Voucher **4**

Return this voucher with check or money order payable to the Internal Revenue Service.
Please do not send cash or staple your payment to this voucher.

OMB No. 1545-0971
 (Calendar year--Due Jan. 17, 1995)

Please write the estate's or trust's EIN and "1994 Form 1041-ES" on your check or money order.

<p>1 Amount of payment \$</p> <p>2 Fiscal year filers--enter year ending (month and year)</p> <p>File only if you are making a payment of estimated tax.</p>	Please type or print	<p>Employer identification number</p> <p>Name of estate or trust</p> <p>Name and title of fiduciary</p> <p>Number, street, and room or suite no.</p> <p>City, state, and ZIP code</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Voucher 2

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

PRESCRIPTION FORMS

DISCOUNT DRUG
Store No. 1111
11111 South Street, South Sycamore, SC 11111
PHONE: 000-0000 FAX: 111-1111

Name: _____ Phone No.: _____

PLEASE COMPLETE A PATIENT *PROFILE* FORM

Rx _____ DR. _____

Fill Date: _____ Yes Safety

SAMPLE

Price _____

_____ PHARMACIST SIGNATURE

WILLIAM W. WEST, D.D.S.
10000 Western Way,
West Willow, WV 00000
TELEPHONE (000) 000-0000

NO. _____

NAME _____ AGE _____

ADDRESS _____ DATE _____

SAMPLE

LABEL

REFILLS _____ TIMES

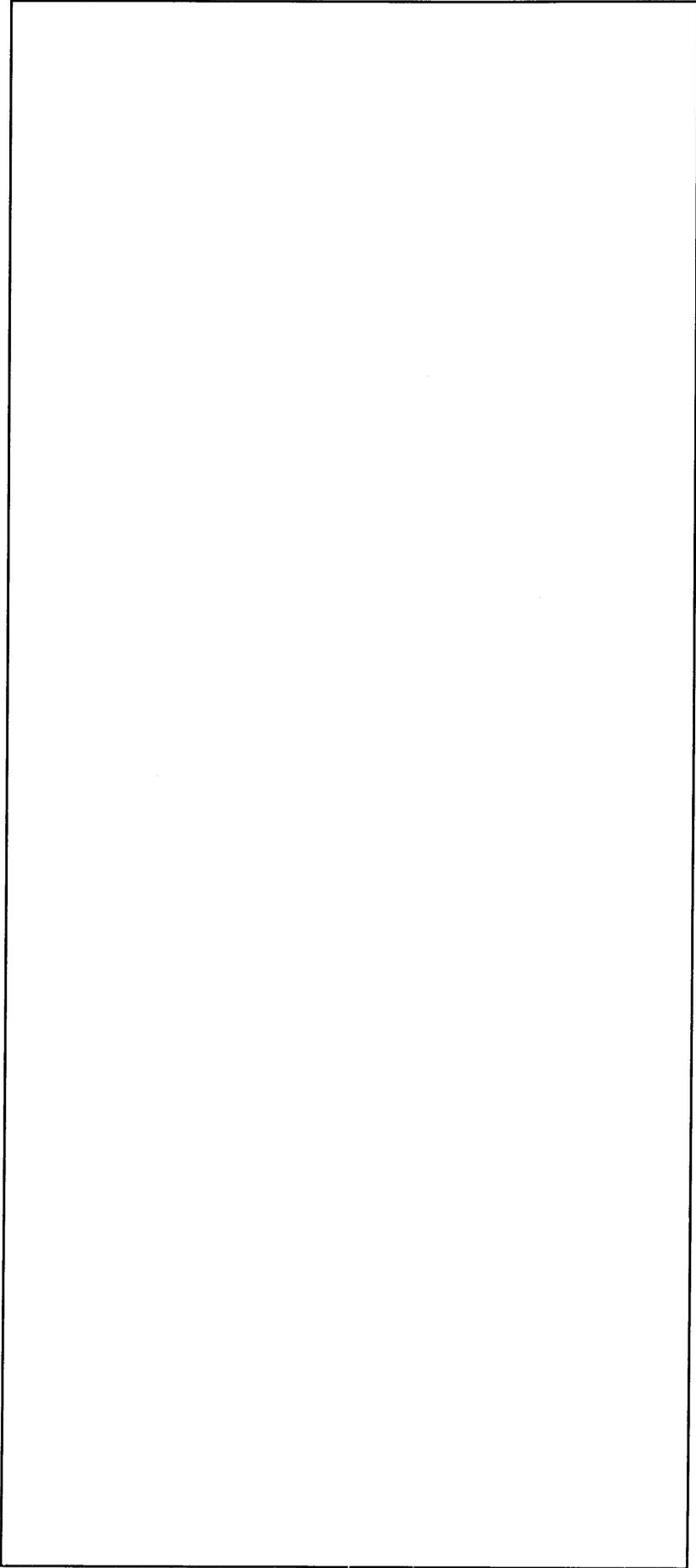
_____ D.D.S.

VOLUNTARY FORMULATED PERMITTED

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

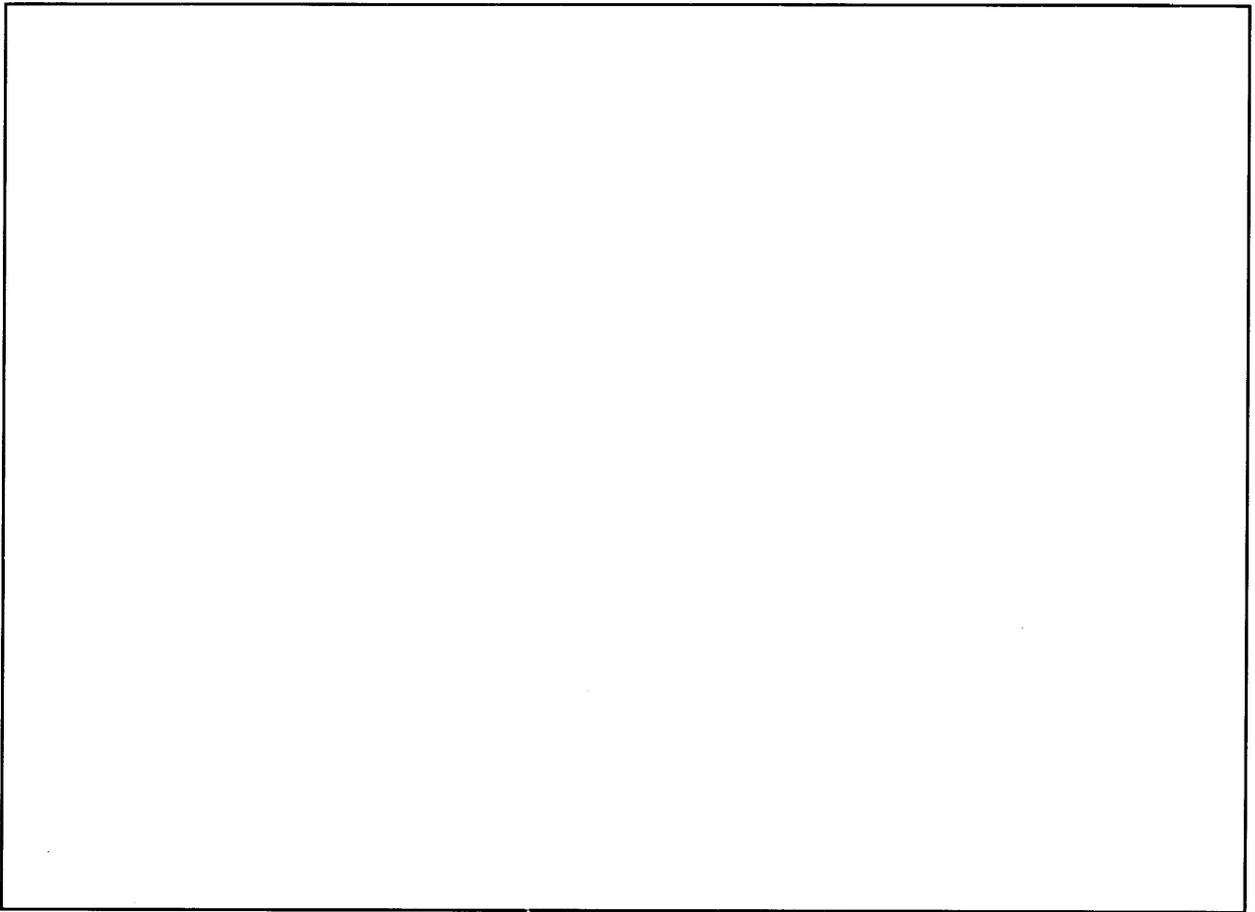
BUSINESS ENVELOPE



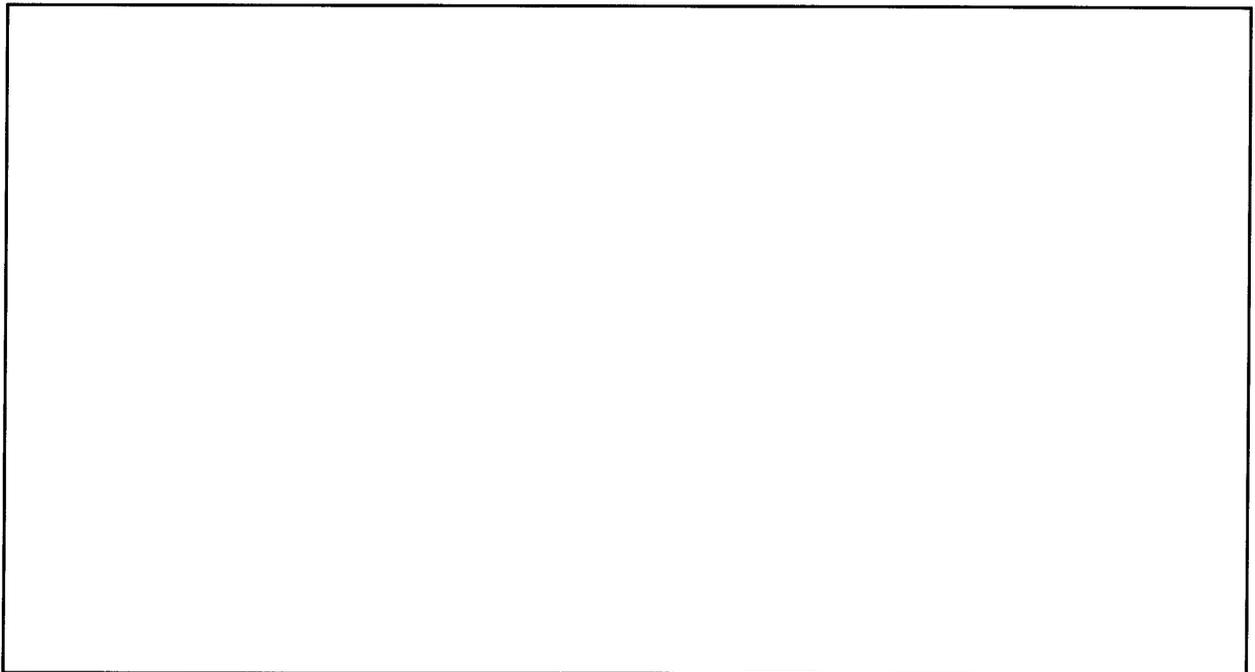
4.25" x 9.75"

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

ENVELOPES



4.75" x 6.5"



3.5" x 6.5"

Written by _____ *at* _____ *Date* _____

Witnessed by _____ *Date* _____

CONTINGENCIES / CLAUSES ADDENDUM TO SALES CONTRACT

This Addendum is made on _____, 19____, to a Sales Contract ("Contract") dated _____, 19____ between _____ ("Purchaser") _____ ("Seller") for the purchase and sale of the Property: _____

The following provisions, if initiated by the parties, are incorporated into and make a part of this Contract:

1. CONTINGENCIES. This Contract is contingent upon the satisfaction of the contingencies set forth below ("Contingencies") until the expiration of the time periods for such Contingencies set forth below ("Deadlines"). **If each Contingency is not satisfied, removed in writing by the Deadline or terminated, then this Contract shall become void.** The parties shall sign an agreement releasing each other from the terms of this Contract, whereupon the Deposit shall then be refunded to the Purchaser and the parties shall have no further liability under this Contract.

A. HOME INSPECTION. This Contract is contingent until 9 p.m. on _____, 19____ upon inspection of the Property by a professional home inspection firm at the Purchaser's expense. The Contingency will terminate at the Deadline unless the Purchaser Delivers to the Seller a written addendum listing the specific existing deficiencies together with a copy of the inspection report. The Seller may, at the Seller's option, within _____ days after Delivery of the addendum, elect in writing to remedy the deficiencies prior to settlement. If the Seller does not elect to make the repairs, or makes a counter-offer, the Purchaser shall have _____ days to respond to the counter-offer or remove this Contingency and take the Property in "as is" condition or this Contract shall become void. All of the Seller's warranties as to the condition of the Property, personal property and fixtures already in this Contract shall remain in full force and effect.

B. RADON TESTING. This Contract is contingent until 9 p.m. on _____, 19____ upon the Purchaser, at the Purchaser's expense, having the property inspected for the presence of radon by a testing firm listed with the U. S. Environmental Protection Agency ("EPA") using an EPA-approved screening test method. This Contingency will terminate at the Deadline unless the Purchaser Delivers to the Seller a written addendum stating that radon was found to be present at levels which exceed the action level established by the EPA and that this reading is not satisfactory to the Purchaser, together with a copy of the radon inspection report. The Seller may, at the Seller's option, within _____ days after receipt of the addendum, elect in writing whether or not the Seller will correct the condition. If the Seller will correct the condition, the Seller shall furnish the Purchaser with certification from the inspecting company demonstrating that the condition has been remedied before the date of settlement. If the Seller will not correct the condition, the Purchaser shall have _____ days after notice from the Seller to remove this Contingency and accept the radon condition or this Contract shall become void.

C. SALE OF PURCHASER'S PROPERTY AND KICK-OUT. This Contract is contingent until 9 p.m. on _____, 19____ upon the sale of the Purchaser's property located at _____ ("Purchaser's Property").

Sample Contract

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

MAIN STREET KENNELS

1111 Main Street
Anytown, ME 11111
Telephone: (111) 111-1111

CUSTOMER'S
NAME

ADDRESS

CITY

PHONE OFFICE
HOME

PET'S
NAME

BOARDING

BATHING & GROOMING

PICK UP AND DELIVERY

FLEA AND TICK DIP

TRAINING

MEDICATION

SPECIAL DIET

RETAIL

TAX

OTHER CHARGES

DEPOSIT

TOTAL

No. 11111

12345

Sample Contract

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

ASSIGNMENT SEPARATE FROM CERTIFICATE

For Value Received,

hereby sell, assign and transfer unto

..... (.....) Shares of the.....

Capital Stock of the

standing in..... name on the books of said

..... represented by Certificate No. herewith and

do hereby irrevocably constitute and appoint

..... attorney to transfer the said stock on the books of the within named

Company with full power of substitution in the premises.

Dated.....

.....

BY: _____

SIGNATURE GUARANTEED

FORM NUMBER 13 (Rev. 5-79)

Sample Form

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

LAST WILL AND TESTAMENT - A

to-wit:

Before me, the undersigned authority, on this day personally appeared

_____, _____,
_____, and _____,

known to me to be the Testator and the witnesses, respectively, whose names are signed to the foregoing instrument and, all of these persons being by me first duly sworn, _____, Testator, declared to me and to the witnesses in my presence that the said instrument is the Last Will and Testament which has been willingly signed

Page 6 of 7

Sample Will

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

LAST WILL AND TESTAMENT - B

B. I may leave a letter of intent with my Executor, or with another, indicating certain persons to whom certain items of such property might be given. I request but do not require that my Executor honor my wishes therein expressed.

C. The rest of my tangible personal property shall become part of my residuary estate to be disposed of in accordance with Article 3.

signed

Admitted to Probate and Record

AUG 20 1994

A True Copy

Attest:

Register of Wills

Clerk of the Probate Division

By:

Clerk

Sample Will

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

LAST WILL AND TESTAMENT - C

and in the presence of each other, did subscribe their names thereto as attesting witnesses on the day of the date of said Will, and that the Testator, at the time of the execution of said Will, was over the age of eighteen (18) years and of sound and disposing mind and memory.

TESTATOR

Witness

Witness

Witness

Subscribed, sworn and acknowledged before me by _____
_____, Testator, subscribed and sworn before me by _____
_____, _____, and _____
_____, witnesses, this _____ day of _____,
1995.

Notary Public

My Commission expires: My Commission Expires January 24th 1997

Sample Will

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

RESIDENTIAL LEASE-RENTAL AGREEMENT AND DEPOSIT RECEIPT

RECEIVED FROM _____, hereinafter referred to as Tenant, the sum of \$ _____ (_____ DOLLARS), evidenced by _____, as a deposit which, upon acceptance of this rental agreement, the Owner of the premises, hereinafter referred to as Owner, shall apply said deposit as follows:

	DEPOSIT RECEIVED	BALANCE OWING PRIOR TO OCCUPANCY
Rent for the period from _____ to _____	\$ _____	\$ _____
Security deposit (not applicable toward last month's rent)	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

In the event that this agreement is not accepted by the Owner or his authorized agent, **within** _____ **days**, the total deposit received shall be refunded. Tenant hereby offers to rent from the Owner the premises situated in the City of _____, County of _____, State of _____, described as _____, and consisting of _____, upon the following **TERMS and CONDITIONS:**

- TERM:** The term hereof shall commence on _____, 19_____, and continue (check one of the two following alternatives):
 until _____, 19_____, for a total rent of \$ _____ (_____ dollars).
 on a month-to-month basis thereafter, until either party shall terminate the same by giving the other party _____ days written notice delivered by certified mail.
- RENT:** Rent shall be \$ _____, per month, payable in advance, upon the _____ day of each calendar month to Owner or his authorized agent, at the following address: _____, or at such other places as may be designated by Owner from time to time. In the event rent is not paid **within** _____ **days** after due date, Tenant agrees to pay a late charge of \$ _____ plus interest at _____ % per month on the delinquent amount. Tenant further agrees to pay \$ _____ for each dishonored bank check. The late charge period is **not** a grace period, and Owner is entitled to make written demand for any rent unpaid on the second day of the rental period. Any unpaid balances remaining after termination of occupancy are subject to 1 1/2% interest per month or the maximum rate allowed by law.
- MULTIPLE OCCUPANCY:** It is expressly understood that this agreement is between the Owner and each signatory jointly and severally. In the event of default by any one signatory, each and every remaining signatory shall be responsible for timely payment of rent and all other provisions of this agreement.
- UTILITIES:** Tenant shall be responsible for the payment of all utilities and services, except: _____, which shall be paid by Owner.
- USE:** The premises shall be used exclusively as a residence with no more than _____ persons. Guests staying more than a total of _____ days in a calendar year without the written consent of the Owner shall constitute a violation of this agreement.
- ANIMALS:** No animals shall be brought on the premises without the prior consent of the Owner.
- HOUSE RULES:** In the event that the premises are a portion of a building containing more than one unit, Tenant agrees to abide by any and all house rules, whether promulgated before or after the execution hereof, including, but not limited to, rules with respect to noise, odors, disposal of refuse, animals, parking, and the use of common areas. Tenant shall not have a waterbed on the premises without the prior written consent of the Owner.
- ORDINANCES AND STATUTES:** Tenant shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the use of the premises. If you are located in a rent control area, contact Rent and Arbitration Board for your legal rights.
- ASSIGNMENT AND SUBLETTING:** Tenant shall not assign this agreement or sublet any portion of the premises without the prior written consent of the Owner.
- MAINTENANCE, REPAIRS, OR ALTERATIONS:** Tenant acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Owner may at any time give Tenant a written inventory of furniture and furnishings on the premises and Tenant shall be deemed to have possession of such furniture and furnishings in good condition and repair. _____ thereto in writing **within** _____ of such inventory. _____ or is required to give _____ the same, certified mail, to _____ the premises or to Owner at the address shown herein or _____ other places as may be designated by the parties from time to time.
- HOLDING OVER:** Any holding over after expiration hereof, with the consent of Owner, shall be construed as a month-to-month tenancy in accordance with the terms hereof, as applicable, until either party shall terminate the same by giving the other party **thirty (30) days written notice** delivered by certified mail.
- TIME:** Time is of the essence of this agreement.

ENTIRE AGREEMENT: The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. The following Exhibits, if any, have been made a part of this agreement before the parties' execution hereof: _____

The undersigned Tenant hereby acknowledges receipt of a copy hereof. DATED: _____
 _____ Real Estate Company _____ Tenant

By _____
ACCEPTANCE: _____ Owner _____ Owner DATED: _____

Sample Lease

Written by _____ at _____ Date _____
 Witnessed by _____ Date _____

LEASES - B

MONTHLY TENANCY AGREEMENT-APARTMENT
All Rights Reserved

STANDARD FORM 123A

THIS AGREEMENT, made this _____ day of _____, 19____, by and between _____
_____ herein called "Landlord," and _____
_____ herein called "Tenant": _____

WITNESSETH, that Landlord hereby rents to Tenant the premises known and designated as Apartment No. _____, located on the _____ floor, in _____ Washington, D.C., _____, as a tenant by the month, commencing on the _____ day of _____, 19____, at and for the monthly rent of \$ _____, payable in advance for the ensuing month on the _____ day of each month at the place designated by Landlord, wherever located.

IT IS AGREED:

1. That the Tenant takes possession of said premises as a tenant by the month, subject to delivery of possession by the Landlord and covenants and agrees that the statements and representations made on the signed application made by the Tenant are material representations relied upon by the Landlord and are incorporated into this agreement by reference, the falsity of which in whole or in part, shall constitute a breach of this agreement.

WITNESS, the hands and seals of the parties hereto on the day and year first above written.

Witness:

By _____ (SEAL)
Landlord

Tenant (SEAL)

Tenant (SEAL)

This is to certify and acknowledge that I received this _____ day of _____, 19____, a copy of my rental application, an executed copy of this agreement, a copy to Municipal Regulations, Title 12, Housing, Chapter 3, Landlord and Tenant, and a copy of the following sections of Chapter 4 of this subtitle: (a) Chapter 5, Section 6 (Civil Enforcement Policy); (b) Chapter 7, Section 8 (Notification of Tenants Concerning Violations).

Tenant

Tenant

Sample Lease

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

REALTY FORMS - A

SELLER:

_____/_____(SEAL)
Date Signature

_____/_____(SEAL)
Date Signature

PURCHASER:

_____/_____(SEAL)
Date Signature

_____/_____(SEAL)
Date Signature

Listing Company's Address:

Broker Code: _____

Selling Company's Address:

Broker Code: _____

_____, 19____;____:____:____ AM
Date and time of Ratification (see paragraph 29) PM

Sample Settlement Sheet

WITNESS OUR SIGNATURES AND SEALS:

SELLER:

_____/_____(SEAL)
Date Signature

_____/_____(SEAL)
Date Signature

PURCHASER:

_____/_____(SEAL)
Date Signature

_____/_____(SEAL)
Date Signature

Sample Settlement Sheet

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

ACE REALTY, INC.

12345 Main Street
 Anywhere, USA 12345
 Telephone: (123) 456-7890

Name _____ SS# _____
 Spouse's Name _____ SS# _____
 Mailing Address _____ Zip _____ How Long? _____
 Previous Address _____ Zip _____ How Long? _____
 Occupation _____ Spouse's Occupation _____
 Employer & Address _____ Zip _____ How Long? _____
 Active Military or Civil Service Rank/Grade _____ Ser. No. _____ Yrs. in Grade _____ Yrs. in Serv. _____
 Previous Employer and Address _____ Zip _____ How Long? _____
 Spouse's Employer and Address _____ Zip _____ How Long? _____
 Phones: Home _____ Work _____ Spouse's Work _____ Other Phone _____
 Marital Status _____ For How Long? _____ Spouse's Birthdate _____ Ages of Dependents _____

I (am) (am not) eligible for V.A. financing, my eligibility is: Full _____ Partial _____

CREDIT REFERENCES

Bank 1 _____ Bank 2 _____
 Bank 3 _____ Bank 4 _____

ASSETS

CONTRACT DEPOSIT (If cash or check)	\$	_____
BANK ACCT'S. (Name & Type):	\$	_____
	\$	_____
	\$	_____
REAL ESTATE (Location & Market Value):	\$	_____
	\$	_____
AUTOMOBILES		
Make _____ Year _____	\$	_____
Make _____ Year _____	\$	_____
LIFE INSURANCE		
(Face Value \$ _____) Cash Value \$		_____
BONDS, STOCKS (Market Value)	\$	_____
HOUSEHOLD FURNISHINGS	\$	_____
OTHER (Describe):	\$	_____

TOTAL	\$	_____

LIABILITIES

OWED TO:	MO. PAYMENT	BALANCE
BANK LOANS & BANK NAME: (Other than Autos):		
	\$	\$
	\$	\$
	\$	\$
MORTGAGES & LENDERS NAME:		
	\$	\$
	\$	\$
AUTOMOBILE LOANS & LENDERS NAME:		
	\$	\$
	\$	\$
LIFE INSURANCE LOANS	\$	\$
OTHER DEBTS (Identify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Application Sheet

Written by _____ at _____ Date _____
 Witnessed by _____ Date _____

TENANT'S PERSONAL AND CREDIT INFORMATION
(In the event of co-tenants, other than spouses, use separate sheet for each tenant.)

Name		Date of Birth	Social Security No.
Name of Co-Tenant			Driver's License No.
Present Address			Social Security No.
City / State / Zip		Res. Phone	Driver's License No.
How long at present address?		Landlord or Agent	Phone
Previous Address		How Long?	Landlord or Agent
City / State / Zip			Phone
Occupants:	Relationships:	Animals?	
	Ages:		
Car Make	Year	Model	Color
			License No.

OCCUPATION

	PRESENT OCCUPATION *	PRIOR OCCUPATION *	CO-TENANT'S OCCUPATION
Occupation			
Employer			
Self-employed, d.b.a.			
Business Address			
Business Phone			
Type of Business			
Position held			
Name and Title of Superior			
How Long			
Monthly Gross Income			

* If employed less than two years, give same information on prior occupation

REFERENCES

Bank Reference	Address			Phone	
CREDIT REFERENCE	ACCOUNT NO.	ADDRESS	HIGHEST AMOUNT OWED	PURPOSE OF CREDIT	ACCOUNT OPEN OR DATE CLOSED
PERSONAL REFERENCE	ADDRESS		PHONE	LENGTH OF ACQUAINTANCE	OCCUPATION
NEAREST RELATIVE	ADDRESS		PHONE	CITY	RELATIONSHIP

Have you ever filed a petition of bankruptcy? _____ Have you ever been evicted from any tenancy or had an eviction notice served on you? _____ Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT.

I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above. DATED: _____

_____ Applicant _____ Applicant

Sample Lease

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HAND PRINTING SPECIMEN - Part A

Please PRINT - Do not write
using *capital letters* of the Alphabet

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please PRINT - Do not write
using *lower case letters* of the Alphabet

a	b	c	d	e	f	g	h	i	j	k	l	m
n	o	p	q	r	s	t	u	v	w	x	y	z

Please PRINT - Do not write
the following *numbers*

One	Two	Three	Four
Five	Six	Seven	Eight
Nine	Ten	Eleven	Twelve
Thirteen	Fourteen	Fifteen	Sixteen
Seventeen	Eighteen	Nineteen	Twenty
Thirty	Forty	Fifty	Sixty
Seventy	Eighty	Ninety	Hundred

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HAND PRINTING SPECIMEN - Part B

Please **PRINT** - Do not write
the following *numbers*

Twenty-four

Twenty-one

Thirty-three

Thirty-nine

Forty-six

Forty-eight

Fifty-two

Fifty-seven

Sixty-one

Sixty-two

Seventy-five

Seventy-eight

Eighty-three

Eighty-four

Ninety-six

Ninety-nine

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HAND PRINTING SPECIMEN - Part C

Please **PRINT** - Do not write
the following *days and dates*

January 15, 1979

February 23, 1980

March 18, 1981

April 9, 1982

May 27, 1983

June 10, 1984

July 25, 1985

August 31, 1986

September 20, 1987

October 30, 1988

November 6, 1989

December 29, 1990

January 22, 1991

February 16, 1992

March 31, 1993

April 28, 1994

May 2, 1995

June 17, 1996

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HANDWRITING SPECIMEN - Part A

Please **WRITE** - Do not print
using *capital letters* of the Alphabet

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Please **WRITE** - Do not print
using *lower case letters* of the Alphabet

a	b	c	d	e	f	g	h	i	j	k	l	m
n	o	p	q	r	s	t	u	v	w	x	y	z

Please **WRITE** - Do not print
the following *numbers*

One	Two	Three	Four
Five	Six	Seven	Eight
Nine	Ten	Eleven	Twelve
Thirteen	Fourteen	Fifteen	Sixteen
Seventeen	Eighteen	Nineteen	Twenty
Thirty	Forty	Fifty	Sixty
Seventy	Eighty	Ninety	Hundred

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

II HANDWRITING SPECIMEN - Part B

Please **WRITE** - Do not print
the following *numbers*

Twenty-four

Twenty-one

Thirty-three

Thirty-nine

Forty-six

Forty-eight

Fifty-two

Fifty-seven

Sixty-one

Sixty-two

Seventy-five

Seventy-eight

Eighty-three

Eighty-four

Ninety-six

Ninety-nine

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HANDWRITING SPECIMEN - Part C

Please **WRITE** - Do not print
the following *days and dates*

January 15, 1979

February 23, 1980

March 18, 1981

April 9, 1982

May 27, 1983

June 10, 1984

July 25, 1985

August 31, 1986

September 20, 1987

October 30, 1988

November 6, 1989

December 29, 1990

January 22, 1991

February 16, 1992

March 31, 1993

April 28, 1994

May 2, 1995

June 17, 1996

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

HANDWRITING SPECIMEN - Part D

"Our London business is good, but Vienna and Berlin are quite quiet. Mr. D. Lloyd has gone to Switzerland and I hope for good news. He will be there for a week, at 1496 Zermot St., and then goes to Turin and Rome and will join Col. Parry, and arrive at Athens, Greece, Nov. 27th or Dec. 2nd. Any letters sent there should be addressed: King James Blvd., 3580. We expect Chas. E. Fuller, Tuesday. Dr. L. McQuaid, and Robt. Unger, Esq. left on the "Y.X." Express tonight."

Please WRITE the above paragraph

Written by _____ at _____ Date _____

Witnessed by _____ Date _____

Dictation Page

Written by _____ at _____ Date _____
Witnessed by _____ Date _____

