AFFIDAVIT ATTESTING TO CLAIMANT'S IDENTITY

STATE OF)	Cla	im Number		
COUNTY OF				
BEFORE ME, this day, personally appeared	ed (1)			
and (2)	, who, being fi	rst duly sworn, state as	s follows:	
1. We are submitting this sworn statement familiar with the circumstances of Claiman experience in dealing with Claimant on a company of the company of the circumstances of the company of the circumstances of the circumstance	(hereinafter Claim nt, personally know a	mant). We have personand have personally ob	nal knowledge of Claimant, are served Claimant, have	
named as Claimant in the claim documents				
2. It is our belief that Claimant does not p United States, a state or territory of the Un It is our belief that Claimant's circumstant obtain any of the forms of identification sp	ited States, a foreign	nation, or a political sould be very difficult o	ubdivision or agency thereof.	
3. We have no financial interest in the unc		•		
Affiant (1)(Signature)	Affiant (2)	Affiant (2)(Signature)		
Address				
Birth date (month, day, year)		(month, day, year)		
Sworn to and subscribed before me this	day of	, 20	, by Affiants	
(Signature of Notary Public)	(Print, Type, or Stam	p Commissioned Nam	ne of Notary Public)	
(Address of Notary)				
(City)	(County)	(State)	(ZIP Code)	
*Notary must identify the type of go verifies Affiants' names and dates of			ification produced that	
Type of identification shown to Notary identification card, passport, or other s identification): (1)	imilar valid governi			