

AFFIDAVIT

State of _____

County of _____

I, the undersigned, of lawful age and sound mind, hereby affirm and attest as follows, as of _____ [insert date]:

1. My legal name is _____
 2. My mailing address is _____
 3. My current occupation is _____
 4. I am presently _____ years of age.
 5. [Insert additional information, as applicable]: _____
- _____
- _____
- _____
- _____

6. The foregoing information is true and correct as of the date hereof.

IN WITNESS WHEREOF, the undersigned executes this Affidavit as of the date set forth above.

Signature: _____

Printed Name: _____

STATE OF _____)
) ss.
COUNTY _____)

The foregoing instrument was acknowledged before me this ___ day of _____, by _____.

Notary Public

My commission expires:

