

GENERAL (BLANK) AFFIDAVIT

Date (the “Effective Date”):

State: _____

County: _____

I, _____ (the “Affiant”), being of legal age, residing at: _____
_____ duly sworn, do testify and state as follows:

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct. I understand that any false statements may have legal consequences.

Affiant’s Name and Signature:

Notary Acknowledgment

State of _____

Acting in the county of _____

Sworn to and subscribed before me on _____.

Place for signature

Notary public’s name and official seal