

VERIFICATION ON OATH OR AFFIRMATION



State of _____ }
County of _____ } ss.

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by
Day Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, Expiration Date, etc.)*

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

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