GENERAL AFFIDAVIT

STATE OF		
COUNTY OF		
PERSONALLY came and appeared before named,	who is a resident of	
County, State of	_, and makes this his/he of belief and personal kno	er statement and owledge that the
(Insert Statement)		
DATED this theday of	, 20	
	Signature of Affiant	
SWORN to subscribed before me, this	day	, 20
NOTAF	RY PUBLIC	
My Commission Expires:		

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