## Document Affidavit

I				, do solemnly swear or affirm
	(first & last nam	ne)		•
that on the	day of	(month)	, 20(yea	_ the document,
	,	,	· ·	,
		(title or brief description	n of document)	
dated	(date of document)	which is	s pa	ges in length has been
	•	est of my knowledg with the exception		ation contained in this document
		d to have made a fa t, I may be subject t		ding statement concerning of perjury.
Signature				Date
State of Ar County of	izona ————————	) _)		
Subscribed	and sworn/affirm	ed before me this _	day o	of, 20,
by	(name of signer)			
	NOTARY PUBLIC			
Description	n of document thi	s affidavit and not	arial certifica	ate are being attached to:
Type/Title				
Date of Do	ОС			
Number of	f Pages			
Additional (other than the named in the n	_			