

AFFIDAVIT OF MAILING

STATE OF _____
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS, that on this day, before me, a Notary Public, personally came and appeared _____, as Affiant, who after being first duly sworn, upon oath stated:

1. My name is _____. I am over the age of eighteen years. I have personal knowledge of the facts stated below.

2. On _____ (insert date), I mailed [the original / a true copy of] [describe document(s) mailed],

3. I mailed the document(s) to the person(s) named below by enclosing the same in an envelope, postage prepaid, certified mail, with return receipt requested, and depositing it in a post office or an official depository under the care and custody of the United States Postal Service

The person(s) and their respective, addresses are as follows:

Recipient Name
Recipient address
Recipient City, State Zip
Certified mail return receipt number _____

4. On the date(s) below, I received a return receipt/delivery confirmation from the United States Postal Service, as evidence that the above identified envelope(s) had been delivered as follows:

Certified mail return receipt number _____, delivered on date _____

5. I have [retained/attached] [the original / a true copy] of the document(s) mailed.

Signature of Affiant

SUBSCRIBED AND SWORN TO, OR AFFIRMED, before me on this _____ day of _____, _____ by _____.

Notary Public

(SEAL)

My Commission expires: _____