

Copy Certification by Document Custodian

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, personally appeared _____,
(Affiant), who first being duly sworn by me, under penalty of perjury, deposed as follows:

1. My name is _____. I am over the age of 18 and fully competent to make this affidavit. The facts stated herein are true and correct and are based on my personal knowledge.
2. I am the custodian of the records for _____, kept at address _____.
3. My capacity as records custodian is as: _____.
[individual, business owner/officer/manager, secretary, school/university officer, attorney, accountant, bookkeeper, trustee, agent, government officer/agent, other]
4. Attached hereto are _____ pages of records, described as follows:

_____.
[document title, type, description, date, ID #, signer, issuing agency, form number]
5. The said records attached hereto are exact duplicates of the originals, and are true, correct and complete.
6. Other: _____
_____.

Affiant's Signature

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

[Seal]
Notary Public

My commission expires