

AFFIDAVIT OF IDENTITY - REPRESENTATIVE

State of _____)
)
)
County of _____)

Affiant, _____, being first duly sworn on his/her oath, states
Print Name
that (s)he is familiar with _____ and acknowledges that (s)he
is one in the same person as _____, who is also known as
_____ and _____.

Affiant Signature before Notary Public

This instrument was acknowledged before me on _____
Date
by _____ as _____ of
Name of Person(s) Type of Authority, e.g. Officer, Trustee, etc.

Name of party on behalf of whom instrument was executed

Signature of notarial officer

Title and rank (optional)

My commission expires:

Month, Day, Year

Notary Stamp