AFFIDAVIT OF RESIDENCE

Name			
Street Address			
City, State			
Zip			
Date			
To Whom This Ma	y Concern,		
I,	, formally acknow	wledge living at the street address	s of
	, City of	, State of	since
	, 20		
I have attached the	e following documents	s for your consideration:	
Furthermore, I swe		penalty of perjury that the facts se	t forth in this statemen
Sincerely,			

Witness Acknowledgment			
I/We, as witness(es) to the aforementioned claims made by and			
acknowledge their residency statu	us.		
Witness Signature	Date	_	
Print Name	-		
Witness Signature	Date	_	
Print Name	-		
Notary Acknowledgment			
		in dividual cuba ciana ad the	
	eting this certificate verifies only the identity of the tached, and not the truthfulness, accuracy, or validations.		
State of			
County of			
On, before	me,, Notary Publi	c, personally appeared	
who proved	d to me on the basic of satisfactory evide	ence to be the	
person(s) whose name(s) is/are s	subscribed to the within instrument and a	acknowledged to me	
that he/she/they executed the sar	me in his/her/their authorized capacity(ie	es), and that by	
his/her/their signature(s) on the in	nstrument the person(s), or the entity up	on behalf of which the	
person(s) acted, executed the ins	strument.		
I certify under PENALTY OF PER	RJURY under the laws of in the State of		
that the foregoing paragraph is tru	ue and correct.		
	WITNESS m	y hand and official seal.	
	Signature		
Place Notary Seal Above		ne	

