

AFFIDAVIT OF NAME

State of _____

County of _____

I, _____, (if the affiant is not an individual but executing in a fiduciary capacity include the following information:
Name of Affiant

the _____ of _____)
Position Name of Entity/Title of Estate/ etc.

of _____, hereby state under oath, that:

I swear or affirm that, upon my oath, the information I have provided is correct and the persons named above are one and the same person.

Name of Affiant

By: _____
Affiant's Signature

Sworn to and subscribed before me this the ____ day of _____, 20__.

Notary Public

My commission expires: _____

(Seal)