

**For a verification on oath or affirmation:**

State of \_\_\_\_\_  
[County] of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Names(s) of Individual(s)  
making statement)

\_\_\_\_\_  
Signature of notarial officer

Stamp  
[\_\_\_\_\_]

Title of office  
[My commission expires: \_\_\_\_\_.]