General Affidavit Form

I, __________________________________________________ , in the presence of the undersigned notary public, under oath or affirmation make the following statements:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

_______________________________ Date: ___________________
Signature of Affiant

State of Georgia
County of _________________

Signed and sworn to (or affirmed) before me on ____________________
Date

by ____________________________________________________________.
Printed name of individual making statement

who is

_____ personally known
or

_____ proved to me on the basis of satisfactory evidence to be the person

who appeared before me.

__________________________________________
(signature of notary public)
Notary Public, State of Georgia

My commission expires: ____________