

This certificate pertains to a _____ page document dealing with/entitled _____ and signed on _____.

Copy Certification by Document Custodian

I, _____, hereby declare that the attached
Printed name of affiant/document custodian

reproduction of _____
(description of document)

is a true, correct and complete copy of the original document.

Signature of Affiant
Date: _____

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

Stamp/Seal

My commission expires: _____