AFFIDAVIT ATTESTING TO CLAIMANT'S IDENTITY

STATE OF)		Claim Number	
COUNTY OF))		
BEFORE ME, this day, personally app	eared (1)		
nd (2), who, being first duly sworn, state as follows:			
1. We are submitting this sworn statem			
familiar with the circumstances of Clair experience in dealing with Claimant on named as Claimant in the claim docum	mant, personally know a daily basis or as a f	w and have personally of family member, and kno	w Claimant to be the person
2. It is our belief that Claimant does no United States, a state or territory of the It is our belief that Claimant's circumst obtain any of the forms of identification	United States, a forei ances are such that it	gn nation, or a political s would be very difficult	subdivision or agency thereof. or impossible for Claimant to
3. We have no financial interest in the	unclaimed property b	eing claimed.	
Affiant (1)(Signature)	Affiant (2))(Signa	
Address	Address		
Birth date		e	
(month, day, year)		(month, day, year)	
Sworn to and subscribed before me this	s day of	, 20	, by Affiants
(Signature of Notary Public)	(Print, Type, or St	amp Commissioned Nan	ne of Notary Public)
(Address of Notary)			
(City)	(County)	(State)	(ZIP Code)
*Notary must identify the type of verifies Affiants' names and date			
Type of identification shown to Nota identification card, passport, or othe identification): (1)	er similar valid gove		aphic