## Witness of Signature Form

I,, (print first and last name)		swear/affirm that the attached document is a	
true and complete photocopy of(c			
photocopied do	ocument is not a vital record, a p	public record, or a publicly recordable	e document.
(Signature of	Affiant/Custodian of Photocopy	)	
1		FOR NOTARY USE ONLY	
STATE OF COUNTY OF		_	
On this	day of,	, before me, personally appeared	d,
proved to me through identification, which was			to be the person whose named is signed
above in my pr	esence.		
			Notary Public's signature
			My commission expires