



County of Los Angeles AFFIDAVIT

I, _____, being duly sworn, depose:
(NAME OF SIGNOR)

That I am making this statement for myself as an individual [OR] that I am authorized to make this statement

on behalf of _____,
(NAME OF ORGANIZATION, TRUST, OR ESTATE - IF APPLICABLE)

as its _____,
(TITLE OF SIGNOR - IF APPLICABLE)

That I am informed and verily believe that the following check(s) were issued to me or the entity I represent:

Check #: _____ Issue Date: _____ Amount: _____ Payee: _____

Check #: _____ Issue Date: _____ Amount: _____ Payee: _____

Check #: _____ Issue Date: _____ Amount: _____ Payee: _____

Check #: _____ Issue Date: _____ Amount: _____ Payee: _____

I certify under penalty of perjury that the foregoing is true and correct under the laws of the State of California.

Print Name _____

Signature: _____

Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____
day of _____, 20____, by _____

_____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____

**THIS AFFIDAVIT MUST BE NOTORIZED IF THE TOTAL AMOUNT OF
THE ABOVE CHECKS IS \$1,000 OR GREATER**