NOTARIZED SWORN STATEMENT OF THE CLAIMANT

			C	laım Number _	
After	being duly sworn, the affian	t states as follows:			
1.	My full name is			_•	
2.	My current address is Street Address				
	Street Address				
	City	County	State ZI	P Code	
3.	My date of birth is: month	1	, date	, year_	
Signa	ture of Affiant	_			
	E OF) NTY OF)				
	Sworn to and subscribed	before me this	, day of	f	
<u>/// / 4</u>	,, by h) (Year) ((NI	lin o statemen		
(Mont	n) (Year) (Name of person ma	king statemen	τ)	
(Signa	ature of Notary Public)				
(Print	, Type, or Stamp Commission	oned Name of Notar	/ Public)		
	Address of Notary				
	City	County	State ZI	P Code	
	ry must identify the type ones. Affiant's name and date				ntion produced that
identi	of identification shown to No fication card, passport, or of fication):	ther similar valid gov			С

* Pursuant to Section 717.124(1), FS, the claimant must produce to the notary photographic

identification of the claimant issued by the United States, a state or territory of the United States, a

Form DFS-A4-2007, Effective 10-13-10, incorporated into Rule 69I-20.0022, F.A.C.

foreign nation, or a political subdivision or agency thereof.