STATE OF MAINE

Docket Number: ______________________

AFFIDAVIT

I, ____ *(name)*, state the following facts, which are true to the best of my knowledge and belief:

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(Please attach an additional page if necessary.)

STATE OF MAINE

______________________ COUNTY

Personally appeared the above named, ______________________________________ and ______________________________________, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date:________________________ ____

Attorney at Law / Notary Public / Register / Clerk