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.)

Date: _____ _____

Affiant Signature

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