

# AFFIDAVIT OF CLAIM

IN THE STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

The undersigned, \_\_\_\_\_ being duly sworn, states:

(1) That he/she is \_\_\_\_\_ of  
\_\_\_\_\_ a corporation organized and doing business  
under the laws of the State of \_\_\_\_\_.

OR:

(2) That he/she is a member of the firm of \_\_\_\_\_, a  
partnership composed of \_\_\_\_\_.

OR:

(3) That he/she is an individual doing business using the trade style or trade name of  
\_\_\_\_\_. That the attached statement of account against  
\_\_\_\_\_ doing business at  
\_\_\_\_\_ in the State of \_\_\_\_\_ is just and  
true and correct; that there is now due the sum of  
\_\_\_\_\_ dollars; that no part thereof has been paid or  
satisfied; and that there are no offsets or counterclaims thereto to the knowledge,  
or belief of the deponent.

Signed: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary