

AFFIDAVIT OF CLAIM

STATE OF _____)

SS

COUNTY OF _____)

The undersigned, _____, being first duly sworn on oath states:

1. That the undersigned is the _____ of the business entity known as _____; and,

2. That said business entity is a (Check One):

___ CORPORATION or LIMITED LIABILITY COMPANY organized and existing under the laws of the State of _____;

___ SOLE PROPRIETORSHIP owned by _____ as the proprietor thereof;

___ PARTNERSHIP consisting of the following partners--
_____; _____;
_____; _____;
and,

3. Said business entity has an account and claim against _____;
that the sum of _____ dollars (\$_____) plus interest computed at _____ % from _____ is due, owing, and unpaid and that demand for payment has been made more than thirty (30) days prior hereto and no payment has been received.

4. That said account and claim is within the undersigned's knowledge and is just and true, that it is due, and that all just and lawful offsets, payments and credits have been allowed.

_____ (Signature)

_____ (Print Name)

Subscribed and sworn to before me this ____ day of _____, 200_.

(Seal)

Notary Public

_____ County _____

My Commission Expires _____