

# AFFIDAVIT

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_, TO-WIT:

I, \_\_\_\_\_ do hereby affirm that I became 18  
Beneficiary's Name  
years of age on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I hereby  
certify that I received the sum of \_\_\_\_\_, as shown on the  
attached account, and I hereby request that the account be approved.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Beneficiary / Former Minor's Signature

Subscribed and sworn to before me, a Notary Public, for the State and County  
aforesaid.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_