

Copy Certification by Document Custodian

I, _____ , hereby declare that the attached
(Printed name of affiant/document custodian)

reproduction of the original record titled or pertaining to

_____,
(Description or subject of document)

dated _____ and consisting of _____ pages, is a true, correct and
(Document date or "N/A") (Number of pages)

complete copy of the original record.

(Signature of affiant/document custodian) Date: _____

State of Georgia

County of _____

Signed and sworn to (or affirmed) in my presence on _____
(Date)

by _____,
(Printed name of present, named signer)

who _____ is personally known or _____ who produced government-issued photo identification pursuant to O.C.G.A. Sec. 45-17-8(e).

(Signature of Notary Public)
Notary Public, State of Georgia [Stamp/Seal]

My commission expires: _____