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

**NOT ME AFFIDAVIT** COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE UNDERSIGNED, DO HEREBY SWEAR AND AFFIRM THAT THE FOLLOWING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

(1) I am one of the owners in fee simple title of the real property located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_ County, \_\_\_\_\_\_\_\_\_\_\_, and further described on attached Exhibit “A.” As such, I have personal knowledge of the matters set forth herein.

(2) My full legal name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(3) All other names that I have ever used, including maiden names, where applicable are: \_\_\_\_\_\_\_\_

. (4) My social security number is: \_\_\_\_\_\_\_\_ .

(5) I have been a resident of the above address since \_\_\_\_\_\_\_\_\_\_\_\_.

I am not the “\_\_\_\_\_\_\_\_\_\_\_\_\_” against whom the following judgments or lien was filed:

(6) I acknowledge and agree that I have not resided in any other property since owning the above

mentioned property.

(7) I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , and \_\_\_\_\_\_\_\_\_\_\_ are relying on this Affidavit in order to issue a title insurance policy on the said property, without excepting to the above referenced judgment or lien.

(8) I acknowledge and agree that I am and will continue to be liable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any loss and damage in the event that any of the statements made in this Affidavit are untrue and I know that I am bound by this Affidavit under penalties of perjury.

THIS THE \_\_\_ DAY OF , 20 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

**Insert Typed Name**

STATE OF COUNTY OF

I, the undersigned, certify that the following persons personally appeared before me this day, showing satisfactory evidence of identity, and acknowledged the due execution and authority to execute the foregoing instrument in the capacity indicated above: **Insert Typed Name**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary: Printed Name of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Harry Marsh Law- Not to be used without legal representation*

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