

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) before me on _____
(Date)

by _____,
(Printed name of individual making statement)

who is

____ personally known

or

____ proved to me on the basis of satisfactory evidence to be the person

who appeared before me.

(Signature of Notary Public)

Notary Public, State of Georgia

Stamp/Seal

My commission expires: _____