General Affidavit Form

l,	, in the presence of the
(Name of affiant)	
undersigned notary public, under oath o	or affirmation make the following statements:
(Signature of affiant)	(Date)
State of Georgia	
County of	
Signed and sworn to (or affirmed) in my	(Date)
oy	
(Printed name of present, named signer)	,
who is personally known or _	who produced government-issued photo
dentification pursuant to O.C.G.A. Sec.	45-17-8(e).
(Signature of Notary Public)	-