

**Verification on Oath or Affirmation**

State of OREGON

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on (date) \_\_\_\_\_, 20\_\_\_\_\_

by (name(s) of individuals making statement) \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - State of Oregon

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

Official Stamp

Document Description

This certificate is attached to page \_\_\_\_\_ of a \_\_\_\_\_ (title or  
type of document), dated \_\_\_\_\_, 20 \_\_\_\_\_, consisting of \_\_\_\_\_ pages.