|  |  |
| --- | --- |
| STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VERIFICATION |

I, Your Full Name, being duly sworn, deposes and says that I am the Plaintiff in the above action; that I have read and understand the foregoing Complaint and know the contents of the Complaint to be true of my own personal knowledge, except as to those matters and things stated upon information and belief, and as to those things, I believe them to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign in the presence of a Notary Public)

Sworn and subscribed before me today, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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