

# Affidavit from Witness

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

I, [redacted], being duly sworn, hereby state the following:

1. My name is [redacted]. I reside at [redacted].
2. I am over the age of eighteen (18) years old and am competent to testify to the matters stated herein.

3. [redacted]

Further affiant sayeth not.

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Signature of Affiant

Sworn to and subscribed before me this [redacted] day of [redacted], 20 [redacted].

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Notary Public