STATE OF KANSAS, SHAWNEE COUNTY, CITY OF TOPEKA, ss.

AFFIDAVIT

Name _____ **Address**_____

Phone_____**, of lawful age, gives the following statement of fact concerning work performed:**

Between_____ **20** _____ **, and** _____ **, 20**_____

in the City of Topeka, in the County of Shawnee and State of Kansas, one

Name_____**Address**_____

Did: (Give Concise statement of facts) _____

_____

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_____

Subscribed and sworn to before me this_____**day of** _____ **20**_____**.**

_____

Signature of Affiant

_____ **My Appointment Expires:** _____

Signature of Notary