

_____/_____
Affiant (Person Having Legal Custody) typed or printed name/ signature

_____/_____
Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

STATE OF NEW YORK)
 ss.:
COUNTY OF)

On [specify date]: _____, [specify name]:
personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to
me by satisfactory evidence as the person whose name is subscribed on this affidavit and consent.
(He)(She) acknowledged to me that (he)(she) executed this affidavit and consent.

Notary Public

STATE OF NEW YORK)
 ss.:
COUNTY OF)

On [specify date]: _____, [specify name]:
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Notary Public