| 1 | Case No. | |
|----|--|------------------------------------|
| 2 | Dept. No. | |
| 3 | The undersigned hereby affirms that this document does not contain the social security number of any person. | |
| 5 | | |
| 6 | | |
| 7 | IN THE TENTH JUDICIAL DISTRICT CO | OURT OF THE STATE OF NEVADA |
| 8 | IN AND FOR THE COUNT | ΓY OF CHURCHILL |
| 9 | | |
| 10 | , DI : .:.CC | |
| 11 | Plaintiff, | A FEDINA ANTO OF |
| 12 | V. | AFFIDAVIT OF: |
| 13 | , | (Name of person making Affidavit) |
| 14 | Defendant/ | |
| 15 | STATE OF) | |
| 16 |)ss: County of) | |
| 17 | I, | d. hh |
| 18 | (Name of person creating affidavit) | , do nereby swear under penalty of |
| 19 | perjury that the assertions of this affidavit are true. | |
| 20 | I have personal knowledge of the following: | |
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| 18 | Date: | |
| 19 | | (Deiest Manna) |
| 20 | | (Print Name) |
| 21 | | (Signature) |
| 22 | | (Address) |
| 23 | | |
| | | /T-11 |
| 24 | Subscribed and Sworn to before me | (Telephone number) |
| 25 | This, | |
| 26 | | |
| 27 | NOTE DAY DAY DAY DAY | |
| 28 | NOTARY PUBLIC | |
| | 2 | |
| | | |

CERTIFICATE OF SERVICE

| 2 | The undersigned hereby certifies that they are 18 years of age or older, and on this date | | |
|----------|---|--|--|
| 3 | served a true and correct copy of the document/s entitled: | | |
| 4 | | | |
| 5 | (Clearly list all documents you served | | |
| 6 | In the following way: (check the appropriate blank, and fill in the appropriate information) | | |
| 7 | IF THE DOCUMENTS WERE SERVED BY MAIL: | | |
| 8 | by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid | | |
| 10 | by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested | | |
| 11 | The envelope was addressed to: | | |
| 13 | (Name) at | | |
| 14 | (Address) | | |
| 15 | | | |
| 16 17 | And that there is regular communication by mail between the place of mailing and the place addressed. | | |
| 18 | IF THE DOCUMENTS WERE PERSONALLY SERVED: | | |
| 19 | by personally serving: | | |
| 20 | (Name) at | | |
| 21 | | | |
| 22 | (Address) | | |
| 23 | | | |
| 24 | | | |
| 25 | DATED: This day of, | | |
| 26 | | | |
| 27 | | | |
| 28 | (Signature of person who performed service) | | |