

AFFIDAVIT

State of New York)

County of _____)

The undersigned affiant, _____, being first duly sworn, hereby deposes and says:

1. I am over the age of eighteen, suffer no legal disabilities, have personal knowledge of the facts set forth below, and am a member of _____ (the "Firm").
Name of law firm
2. _____ (the "Applicant") is employed as _____ at the Firm or is serving a clerkship in the Firm's offices and the Applicant's clerkship certificate is on file with the proper officials.
3. I hereby affirm that the Applicant is a proper and competent person to perform the duties of a commissioner of deeds.

This the ____ day of _____, 200__.

Member of Firm

Sworn to before me this ____ day
of _____, 200__.

X _____
(Notary Public or Commissioner of Deeds)
My Commission expires: