Certified Copy Affidavit

On this	day of	, 20	,
I			(print insurance holders name
swear and at original insur	test that the attached document is rance card and policy, to which I are sented the original of the attached	a true, cori n the docu	rect, and unaltered copy of my ments custodian, named therein;
public as sati	sfactory evidence.		
(Signature of	affiant/document holder)		
State of Texa	s		
County of			
Sworn to and	l subscribed before me on the	day of	, 20,
оу			_ (print insurance noiders name)
(Texas notar	y public signature)		
(Texas notar	y public print name)		

(Notary Seal)