**AFFIDAVIT**

I **[name]** of **[city of residence]** in the **Province of Ontario**

MAKE OATH AND SAY (or AFFIRM):

**Sworn (or affirmed or declared) before me**

**at the \_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the**

**Province of Ontario this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**20\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[name of deponent]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jeffrey Thomas Allan Aikman, a Notary Public**

**in and for the Province of Ontario**

**Aikman Notary Services**

**Tel: 519-381-4030**

**Email:** [**jeff@aikmanlegal.ca**](mailto:jeff@aikmanlegal.ca)

**LSO #: P11206**

**My commission/appointment is for an unlimited**

**duration and does not expire.**