## **Certified Copy Affidavit**

On this	day of		_ (month),	(year), I security benefits
true, correct letter, to wh	letter holders nan , and unaltered co ich I am the docu	ne) swear and atte opy of my origina	est that the atta I social securit named therein	ched document is a y benefits verification; and that I presented
satisfactory		cument (s) to the	undersigned in	iotary public as
Social secur	ity benefits verifi	cation letter holde	ers signature	
State of Tex				
County of _				
Sworn to an (yea	d subscribed beform, by	ore me on the letter holders nam	day of	(month) (print social
security ben	efits verification	letter holders nam	ne).	
Texas notary	y public signature	·		