|  |  |  |
| --- | --- | --- |
| NORTH CAROLINA  \_\_\_\_\_\_\_ COUNTY      \_\_\_\_\_\_\_\_\_\_\_,                           PLAINTIFF,                           V.    \_\_\_\_\_\_\_\_\_\_\_\_                           DEFENDANT. | )  )  )  )  )  )  )  )  ) | IN THE GENERAL COURT OF JUSTICE  DISTRICT COURT DIVISION  FILE NO: \_\_\_\_\_ CVD \_\_\_\_\_        **AFFIDAVIT** |

            I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the custodian of the records or authorized employee for \_\_\_\_\_\_. I hereby certify that the attached \_\_\_\_ pages of records regarding \_\_\_\_\_\_\_\_ and/or William \_\_\_\_\_\_\_ are true, authentic, and correct and complete copies and that they are kept in the regular course of our business. The records are a complete set of the records that we have in our office regarding \_\_\_\_\_\_ and/or \_\_\_\_\_. I am more than \_\_\_\_\_\_ years old and otherwise competent.

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

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to me

The \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Custodian of Records/Authorized Employee.

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

Notary Public

Print or Type Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_