

Affidavit to be Attached to Claim Form 2 Section 5 (2)

| Ι, | | | | , |
|--------------------|-----------------------------|---------------------------|--------------------------------|----------------------------------|
| Last Name | | | First Name | |
| make oat | th and say that I have read | (or have heard read) | the foregoing claim, and that | the facts therein set forth are, |
| to the bes | st of my knowledge and be | elief, true, and that the | amount claimed to be due to | me in respect of my lien is the |
| just and t | rue amount due and owing | g to me after giving cre | edit for all sums of money, go | ods or merchandise to which |
| | | | | is entitled to credit. |
| | | Name of the Del | otor | |
| | | | | |
| Sworn before me at | | | in the district of | |
| this | day of | , 20 | | |
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| | A Commissioner | | | |