<u>AFFIDAVIT</u>

| CANADA |) |
|--|---|
| PROVINCE OF Ontario |) |
| TO WIT: |) |
| | |
| I, Name, of Address, make oath and say: | |
| State the facts | |
| This affidavit was executed for the purpost stated and for whatever legal purpose it | ose of attesting to the truth of the facts above may serve. |
| Sworn by | ; ; |
| on, 20 | Signature of Deponent |
| In person at the City of in the Province of | |
| Remotely from the City of | |
| in the Province | |
| of before me in the Cit | у |
| of in the Province of | |
| in accordance with O Re | ; g |
| 431/20, Administering Oath or Declaration Remotely | |
| | |

Notary Public for the Province of or Commissioner for Taking Affidavits, as may be My commission expires:

Instructions:

- 1. Add your information and facts to the affidavit template
 - You are responsible for ensuring you add all required information to the template, and that this information is accurate and complete.
- 2. Book your notary appointment:
 - o Online notary appointment with Notarize.ca
 - o In-person notary appointment with Downtown Notary

Done!

Questions? Email us at hello@notarize.ca or info@downtown-notary.ca