



**ONE AND THE SAME AFFIDAVIT
NRS 482.545**

Please Print or Type

I, _____ hereby swear under penalty of
Full Legal Name

NRS 482.545, that the following assertions are true of my own personal knowledge:

1. I reside at _____
Physical Address

City State Zip code

2. My mailing address is _____
Mailing Address

City State Zip Code

3. I, _____ am the same person as

4. My Nevada Driver's License, Identification
Number, Date of Birth, or FEIN for a business _____

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

Notary Public or Authorized DMV Representative

Notary Stamp

***Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed and witnessed.***