

STATE OF NORTH CAROLINA

COUNTY OF _____

AFFIDAVIT

The undersigned, being first duly sworn, deposes and says that this Affidavit is a Statement of Authority pursuant to N.C.G.S. §59-B-6.

_____ is an unincorporated nonprofit association.

The street address of _____ is _____.

The mailing address of _____ is _____.

The person authorized to transfer an interest in real property held in the name of

_____ is _____.

_____ has authorized the execution of this instrument by

_____.

_____ (seal) _____ (seal)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____