

(b)(3)(b)(6)

Vehicle
Accident
Appeal
Approved
for

(b)(6)

218-6
17 June-07

Vehicle Accident

(b)(6)

185-15
22 May 2007

67-147-152

(b)(6)

CAR
ACCIDENT

MARCH 2004

(b)(6)

reign Language

Foreign Language



07-147-T506-00004

25290



25291

07-147-T506-00005



25292

07-147-T506-00006

TASK FORCE
3-1050AD

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقابلي الأضرار التي لحقت بك ، سواء كانت
أضرار جسيمة من إصابات إلى نفوس ، أو موت لا سمح الله لأحد
المقربين ، وكان السبب وراء ذلك القوات الأمريكية ، فقد يكون لك الحق
في التعويض.

للتقدم ببلاغ ولتطبيقية بحقك الرجاء احضر الآتي: هذه البطاقة وهويتك
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع
مثل (صور للحدث، شهادة الشهود ، تقرير الشرطة ، ووصول بالإستلام
أو التليم ، وإثبات الملكية لما حُطِم أو تضرر ولما تحاول أن تحصل
علي تعويض عنه ، ورفضة السوفاة إن كنت تعمل رخصة).

الرجاء احضر هذه المستندات إلى مركز المساعدة لمرآلي في معسكر
التاجي (Camp Taji) بوابة كير (Gunner Gate) ، البوابة الهندية في
معسكر فالكون (Camp Falcon) ، المعقدة في معسكر فاب (FOB
(Mahmudiyah)

أو أحد أحد المراكز الحكومية: الثورة 4 نيسان الكاظمية الرشيد
المنصور الرضوانية. الرصافة والأمات. الكرخ اعظمية
كرادة و سبع الدور.

ملاحظة: امثلة هذا القارت (فتمتلكه) لا ياتي فبلغ الموكد.
وشكر المتعاونكم معنا.

TASK FORCE
3-1050AD

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2823. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 451 mJT 1-71

DATE 14 MAR 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car Accident death

Standard Form 1031 (EG) (Revised October 1987) Department of the Treasury 1 TFM 4-2000 1031-101		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 15th Finance Battalion Camp Liberty, Iraq APO-AE 09344 DSSN 5579				10 DATE VOUCHER PREPARED 02-Jul-07		SCHEDULE NO	
				CONTRACT NUMBER AND DATE		PAID BY 15th Finance Battalion Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS CLAIM #: 07-147-T506 (b)(6) Baghdad, Al Dora				DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM				TO		WEIGHT	
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	
						UNIT PRICE COST PER	
				In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.		\$8,000.00	
				TOTAL		\$8,000.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
PAYMENT		APPROVED FOR		EXCHANGE RATE		DIFFERENCES	
<input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY (b)(3), (b)(6) TITLE: SSG, US DISBURSING AGENT		= \$ = \$1.00		Amount verified correct \$8,000.00	
Pursuant to authority vested in me, I certify that: 2 Jul 07 CPT (b)(3), (b)(6) Foreign Claims Commission (Date) (Authorized Certifying Officer) (Title)							
ACCOUNTING CLASSIFICATION							
(b)(2)High				\$8,000.00			
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
PAID BY		DATE		PAYEE			
CASH		\$8,000.00		(b)(6)		(b)(6)	
*When stated in foreign currency, insert name of currency. *If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title. *When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. Previous edition usable				PER TITLE			

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money.
 The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-7734



Office of the U.S. Treasury Department Financial Attaché
Embassy of the United States of America - Baghdad, Iraq



Serial Number Accountability Record

The Purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 1-9-07

PAY AGENT NAME: (b)(3)(b)(6)
Full last name, first name

NAME OF IRAQI FIRM BEING PAID: N/A - Foreign Claims Act payment

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6) (b)(6)
Full name, grandfather's name, tribal name

Record the following serial numbers as part of the reconciliation process for the \$100 note serial numbers:

(b)(6) through (b)(6) and,
through and,
through and,
through and,
through and,
through and,
through

*Use additional forms if needed.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team
10th Mountain Division (Light Infantry)
Camp Striker, Iraq APO AE 09322

AFZS-LF-JA

02-Jul-07

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
07-I47-T506 / 185-5

1. Facts.

The claimant alleges her son was killed when the vehicle he was driving was struck by a US Forces (451 MITT, 1-71) vehicle.

Claimant has requested \$8,200.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$8,000.00

(b)(3)(b)(6)

CPT, JA
CLAIMS ATTORNEY I47

SETTLEMENT AGREEMENT

اتفاقية تسوية وإعفاء

طلب # 07-147-T506

185-5

أنني: (b)(6)

Baghdad, Al Dora من

أوافق هاهنا على قبول مبلغ مجموعه \$8,000.00

(b)(6)
أمريكي كتعويض كامل وتسوية نهائية لكافة الطلبات من الولايات المتحدة الأمريكية
ضباطها ووكلائها وعامليها مما قد نتج أو ينتج من هذه الحادثة وكان له علاقة بهذا الطلب الحاصل بتاريخ
3/14/2007 أو نحوه والمرتببط بقوات الولايات المتحدة الأمريكية

أخذاً بنظر الاعتبار كل ذلك أعفي ههنا وإلى الأبد الولايات المتحدة الأمريكية 'ضباطها ووكلائها وعامليها
من كافة المسؤوليات والطلبات والإستحقاقات الناتجة عن الحادثة المذكورة مهما كانت طبيعتها. إن هذا
الإعفاء /التسوية تشتمل بشكل خاص على كافة الطلبات الحالية والمحتملة بما في ذلك رسوم المحاماة 'إن
وجدت' أو أية طلبات ناتجة أو متعلقة بإحداث أضرار بالملمتلكات أو أية إصابات أو وفيات نتجت عن هذه
الحادثة.

Foreign Language Text

(b)(6)

(b)(6)

WITNESS SIGNATURE توقيع الشاهد الأول

DATE 9 July 2007

(b)(6)

WITNESS SIGNATURE توقيع الشاهد الأول

DATE 9 July 2007

(b)(6)

Foreign Language Text

(b)(6)

7-504



CLAIMS LOG

BRIGADE OPERATIONAL LAW TEAM, 2d BCT, 10th MTN DIV

AMOUNT CLAIMED: \$8,200
CLAIMANTS NAME: (b)(6)
DATE CLAIM SUBMITTED: 5-29-2007
DATE OF INCIDENT: 3-14-07

PARALEGAL RECOMMENDATION: ~~Deny~~ Approx \$8,200

FCC ACTION: ☒ DENY ☒ APPROVE [] OTHER

COMMENTS (REMARKS)

(b)(2)High

LTC (b)(3), (b)(6)

CSM (b)(3), (b)(6)

THE BATTALION COMMANDER COULD NOT GIVE
ME INFO BECAUSE OF CHANGES IN SOLIDARITY TO
INCLUDE HIMSELF

CLAIMS CARD CARRIES FACT
INCIDENT AND UNIT HERE IN 2006 NOT 2003
UNLESS THE CLAIMANT STATES

CLAIMS CARD STATES 2006 -> consistent w/ BN cdr. This could have
where is death certificate? ~~not found~~

2004 DEATH CERTIFICATE IS MORE (b)(6) Death by
ACCIDENT IN CAR I SUSPECT A...

(b)(5), (b)(3)(b)(6)



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 2d Brigade Combat Team

10th Mountain Division (Light Infantry)

Camp Striker, Iraq APO AE 09322

Foreign Claims Commission I47

08-Jun-07

SUBJECT: Claim # 07-I47-T506 / 185-5

(b)(6)
Baghdad, Al Dora

Dear Claimant:

You have submitted a claim seeking compensation for loss caused by U.S. forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for the loss you have suffered however, in accordance with the cited references and the investigation into your claims, I find that your claim is **not compensable**. After an exhaustive search of records of the date in question, your claim was **denied** for the following reason(s):

Lack of Evidence – There is not enough evidence to prove that the proximate cause of your damages is the US Forces' negligence.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be forwarded to this office for Foreign Claims Commission consideration. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

(b)(3), (b)(6)

Captain, Judge Advocate
Claims Attorney I47

GIC OPINION ABOUT CLAIMS

(b)(6)

Case no. (b)(6)

1. This claimant presented a claim card from the US army proved that the US army destroyed the claimant's son (b)(6) on the highway type (Daewoo prince/ black / MOD (b)(6) (b)(6)),. And that let to kill him.
2. The claimant presented 3 pictures shows the totally damages into the car.
3. The claimant presented the car documents proved the ownership for his son.
4. the claimant's son is a single and not married.
5. The claimant asks amount \$ 2500.00 for the death of his son and amount \$ 5700.00 about the totally damages of the car.
6. The claimant asks amount \$ 8200.00.
7. We suggest compensate him the same amount that he asks because it's so fair.

With our respect,

(b)(6)

The lawyer,



(b)(6)

GIC MANAGER

(b)(6)



Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____ (b)(6)

Address: Baghdad AL Dora Abo desher (b)(6)

Iraqi ID.No. _____ (b)(6)

I am

- a. A citizen and national of: Iraqi
b. A permanent resident of: Baghdad Iraqi
c. Employed by: Free job
d. Check one () an insurer (X) Not an insurer
e. Check one (X) A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address and Telephone Number)

Against (M.N.F)

The property damaged had owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at AL Haswa high way Baghdad Iraq
(Town) (City) (Country)

My claim arose on March 14 2007
(Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On 14-3-2007 while my son (b)(6) driving

his car-type PRINCE Daewoo model (b)(6)

dark blue numbered Baghdad (b)(6)

On-line rapid in the AL-Haswah region
Surprised American Column opposite direction
led to a pileup and the death and therefore, I ask
for compensation.

Describe nature and extent of property damage or personal injury sustained as result because of the above incident.

Death my son destroyed his car

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>
1- About value destroyed his car	\$ 5700,00
2- About value death my son	\$ 2500,00
3-	
4-	
5-	
6-	

Total: \$ 8200,00

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 8200,00

local 10,660,000 L.D

(Signature of Claimant)

Subscribed before me this 22 day of May 2007.

(Print Name)

(b)(6)

(Signature)

(b)(6)



GENERAL INFORMATION CENTER,
AL-RADHWANYA, BAGHDAD, IRAQ.

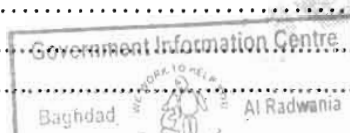


"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

- 1) Claim card
- 2) Death of certificate
- 3) 3 pictures for the damage
- 4) Investigation documents from Iraqi police station
- 5) One witness
- 6) Ownership for his car
- 7) Survey of accident location
- 8) Personal documents



Foreign Language Text

Foreign Language

General Information Center/Al-Radhwanya

Date:- 22 May 07

Pages 18 through 24 redacted for the following reasons:

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

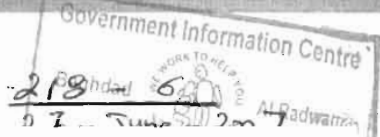
Foreign Language Text, (b)(6)

Page 29 redacted for the following reason:

Foreign Language Text, (b)(6)



GENERAL INFORMATION CENTER, AL-RADHWANYA,



Foreign Language Text

Sub/Appeal request

I am..

(b)(6)

I had made a claim in No.

(b)(6)

At and the case was rejected

I would like you to appeal my case and I offer a new evidences to support my case:-

1. Please I refer to the meeting with
 2. you and I attached for you two
 3. witnesses statement supporting that
 4. U-S army vehicle crashed my son
 5. (b)(6) car and caused killing him.
- (b)(6) In the mean time the accident
arose on 14 March 2006 with
my respect

The claimant signature

(b)(6)

The claimant name

The date:- 25 June 2007

1-506

**7th ARMY FORCE
BAGHDAD**

IRAQI CLAIM CARD

السلام عليكم ورحمة الله وبركاته

لغى المواطن الكويط مقابل الاضرار التي لحقت به . سواء كانت
اصرار جسيمة من صلبات التي تعرضه . او موت لا يسمح له احد
المقربين . وكل من ثبت وزنه ذلك ثلثت الامريكية . فقد يكون له الحق
في تعويض.

تلقاه بديلا و تعاطية بحق ارجاء احضار الانى هذه بطاقة هويتك
المنية مع كل الاوراق الرسمية المتعلقة بهذا الامر والتي تدعى الموضوع
مثل (صور تذاكر) . شهادة الشهود . تقرير الشرطة . ووضوح بالاستلام
والتسليم . والى ذلك لشكركم لما خلدت او تعرضت ولما تحولت من تعطل
على تعرضه . ورحمة الله ان كنت تخدم رحمة.

ارجاء احضار هذه المستندات الى مركز المساعدة العراقي في معسكر
التاجي (Camp Taji) بوابة كثر (Gunner Gate) . النوبة الهندية في
معسكر فلكون (Camp Falcon) . النجمنية في معسكر فاب (FOB
Mahmadiyah)

او اعد احد المعسكر الحكومية: الثورة 4 نيسان تكلمه توشيد
تسليم: ترضوية . لوصفة . الامانات . الترح . اعطية
كرت . وسبع نور

ملاحظة : استاذ هذه الشكر (المستندات) لا يعنى الدافع الموكد .
وشكر الله لكم معا

**7th ARMY FORCE
BAGHDAD**

IRAQI CLAIM CARD

The Army may pay claims to Iraqi civilians for property damage, injury and death caused by US Forces.

1. Fill out the required information below.
2. Give this card to the Iraqi civilian, or other appropriate person in the case of death.
3. Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.
4. Upon return to your FOB, complete a SF 91 or DA Form 2923. Describe the incident completely and forward it to your nearest legal office. NOTE: This information is NOT an admission of liability by the soldiers involved and will be used only to substantiate a claim against the US Army.

UNIT 451 mjt 1-71

DATE 14 MAR 06

LOCATION (b)(2)High

TYPE OF INCIDENT Car Accident death

**SWORN
STATEMENT**

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and
retrieval

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION GIC	2. DATE 26 June (YYYYMMDD) 2007	3. TIME AM 10:00	4. FILE NUMBER 185-5
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS Married	

8. ORGANIZATION OR ADDRESS
Abu Ghraib Building

9. I, **L**, (b)(6) ☐ WANT TO MAKE THE FOLLOWING STATEMENT UNDER
OATH:

On 14 March 2006 I saw crash
accident between (b)(6) **the son**
of Mr. (b)(6) **- and**
U.S army vehicle on the highway of
Al-Masrah and I saw that his car
damages completely and he die - I have
in my statement

(b)(6)

(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____".		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:
law to _____

at _____

ORGANIZATION OR ADDRESS _____

ORGANIZATION OR ADDRESS _____

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by
administer oaths, this _____ day of _____

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE
OF
PAGES

**SWORN
STATEMENT**

For use this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION GIC	2. DATE 26 June 2007 (YYYYMMDD)	3. TIME 10:00 AM	4. FILE NUMBER 185-5
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN (b)(6)	7. GRADE/STATUS Person	

8. ORGANIZATION OR ADDRESS
Abu Ghraib - AL-Mansia village

9. I, (b)(6) _____ WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

On 14 March 2006 I saw (b)(6)

the son of mr (b)(6)

driving his car (Prinze) dark brown on AL-Hasrah road (highway) Suddenly I saw U.S army vehicle crash his car very bad cause to kill him and distract his car. That is my statement

(b)(6)

(b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
-------------	---	-----------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" _____ TAKEN AT _____ DATED _____.

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

• STATEMENT OF _____ TAKEN AT _____ DATED _____

• STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:
law to

Subscribed and sworn to before me, a person authorized by
administer oaths, this _____ day of _____

at _____

ORGANIZATION OR ADDRESS

(Signature of person Administering Oath)

(Typed Name of person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT.

PAGE
OF
PAGES