PD F 4094 E Department of the Treasury Bureau of the Public Debt (Revised April 2008)

AFFIDAVIT BY INDIVIDUAL SURETY

OMB No. 1535-0100

This form is attached to and forms part of the Bond of Indemnity executed by: **SURETY I** STATE OF COUNTY OF , BEING DULY SWORN, DEPOSE AND SAY: I'm one of the sureties in the foregoing bond; I'm a citizen or resident of the United States; and I'm of full age and legally competent. My legal residence is: (Number and Street or Rural Route) (County) (State) (ZIP Code) I am the sole owner in fee simple of the real estate located at: (Number and Street or Rural Route) (State) (County) the fair valuation of said real estate is \$ the assessed value of said real estate for taxation purposes is \$ the real estate is not exempt from seizure and sale under any homestead, community, or marriage law, or upon any attachment, execution, or judicial process. The real estate is not encumbered by any mortgage, delinguent taxes, or other lien except as follows: (Nature of Encumbrances) (Amount) In addition to the said real estate, I own personal property subject to execution and sale as described below, in the amount of \$ _____, over and above my just debts and liabilities: (Describe Personal Property Fully) I'm worth in real estate and personal property together the sum of \$ ______, over and above (1) all my debts and liabilities, owing and incurred; (2) any property exempt from execution; (3) the aggregate full penalties on all other bonds on which I am principal or surety; (4) any pecuniary interest I have in the business of the principal on the said bond; and (5) any interest I have in any property, real or personal, held in community, in joint ownership, or in tenancy by the entirety; and l am (Married or Unmarried) SIGN HERE X (Surety's Signature) Certifying Officer – The individual must sign in your presence. Complete the certification and affix your stamp or seal. I CERTIFY that , whose identity is known or was proven to me, personally appeared before me this _____ day of _____ (Month) (Year) ___ , and signed this affidavit. (State) (City) (Signature and title of certifying officer) (OFFICIAL STAMP OR SEAL) (Street address) (State) (City) (ZIP Code)

SURETY II

STATE OF	COUNTY OF		
I,	, BEING DULY SWORN, DEPOSE AND SAY : I'm one of the		
	the United States; and I'm of full age and legally competent.		
My legal residence is:			
(Number and Street or Rural Ro			
(County) I am the sole owner in fee simple of the real estate located	(State) , (ZIP Code)		
(Number and Street or Rural Ro	oute) (City)		
	AND		
(County)	, ; AND (State) , ; ZIP Code)		
the fair valuation of said real estate is \$	•		
the assessed value of said real estate for taxation			
the real estate is not exempt from seizure and sal any attachment, execution, or judicial process.	e under any homestead, community, or marriage law, or upon		
The real estate is not encumbered by any mortgage, delin	quent taxes, or other lien except as follows:		
\$			
\$(Amount)	(Nature of Encumbrances)		
In addition to the said real estate, I own personal prop amount of \$, over and above my just debts	erty subject to execution and sale as described below, in the and liabilities:		
(Describe Pe	rsonal Property Fully)		
I'm worth in real estate and personal property together the (1) all my debts and liabilities, owing and incurred; (2) any property exempt from execution; (3) the aggregate full penalties on all other bonds o (4) any pecuniary interest I have in the business of (5) any interest I have in any property, real or personentirety; and	sum of \$, over and above n which I am principal or surety;		
I am (Married or Unmarried)			
SIGN HERE X			
JOHNENE A	(Surety's Signature)		
Certifying Officer – The individual must sign in your pre	sence. Complete the certification and affix your stamp or seal.		
I CERTIFY that	, whose identity is known or was		
proven to me, personally appeared before me this	day of , ,		
	(Month) (Year)		
at (City) (State)	nd signed this affidavit.		
(OFFICIAL STAMP OR SEAL)	(Signature and title of certifying officer)		
	(Street address)		
	(City) (State) (ZIP Code)		

CERTIFICATE OF SUFFICIENCY

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Thereby certify that	and	, the sureties
named on the PD F 4094, are personally known to	o me, that, in my judgment, each is responsi	ble, and qualified to act as
such, and that, to the best of my knowledge and be	elief, the facts stated by each in his/her affida	vit are true.
	•	
This certificate must be executed: by an officer of	(SEAL)	
a Federal Reserve Bank or Branch, or of an	(0=: 1=)	
incorporated bank or trust company, or of a		
Federal Savings and Loan Association, or other		
organization which is a member of the Federal		
Home Loan Bank System but in the latter case		
only for a regular customer; or by a judge or clerk	(Signature and official designation of	Cartifying Officer)
, , , ,	(Signature and official designation of	Certifying Officer)
of a Federal or State court of record; or by a		
United States district attorney, commissioner,		
marshal, or director of internal revenue or		
collector of customs. The corporate, official, or	(Name of Bank, Trust Company, Association of	r Organization if applicable)
court seal, as appropriate, must be impressed,	(Name of Bank, Trust Company, Association o	ir Organization, ir applicable)
but if the certifying officer has no seal, that fact	Datadat	
must be shown and attested. (A notary public is	Dated at	
NOT an acceptable certifying officer.)		
	on	,,
	(Month and Day)	(Year)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 55 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to address shown in the accompanying correspondence.**