GIFT AFFIDAVIT

Property Name:				Unit:
Applicant/Resident	Name:			
I,		, residir	ng at	
1	Name			Street Address
City	State	Zip Code	, do hereby certify that	I <u>give / receive</u> the sum of (CIRCLE ONE)
\$	in the form of	(i.e. gift, etc.)		
and I further certify th				
	weekly			
	•			
	monthly			
	annually			
S	ignature		_	Date
	NOTE:	Sign in Prese	ence of Notary Only	
STATE OF WASHIN	IGTON)		
COUNTY OF) SS.)		
On this d	ay of	, ,		ly appeared before me nown to be the individual
	he signed the			nd acknowledged to me
WITNESS my hand	and official sea	al hereto affixe	ed the day and year fire	st above written.

NOTARY PUBLIC in and for	or the state of Washington
Residing at:	
Printed Name:	
My Commission expires:	