AFFIDAVIT OF RECORDS CUSTODIAN CERTIFYING RECORDS PURSUANT TO RULES OF EVIDENCE 803(6) AND 902(11)

STATE OF TENNESSEE)
)
COUNTY OF _____)
(County in which Entity is Located)

_____, having first been duly sworn according to law, makes oath upon his or her personal
(Name of Records Custodian)
knowledge as follows:

1. I, _____, am the duly authorized custodian of the records for
(Name of Records Custodian)
[name of entity], and in such capacity, I have authority to certify the attached records.

2. The attached records are true copies of all original records maintained by [name of entity] regarding [name of relevant individual], (Date of Birth: --/--/----) that were requested by Records Acquisition Services, Inc. in connection with the captioned matter.

3. The attached records were kept in the course of the regularly conducted business activity of [name of entity] and were prepared as a regular practice and custom.

4. The attached records were prepared by the personnel of [name of entity] in the ordinary course of business at or near the time of the act, condition, diagnosis, or event, reported thereon, and by a person or persons with knowledge of and a business duty to record or transmit those matters.

AND FURTHER AFFIANT SAITH NOT.

_____
AFFIANT

Sworn and subscribed to before me
This ____ day of _____, 20____.

_____
Notary Public
My commission expires:_____