



STATE OF SOUTH CAROLINA) )  
COUNTY OF \_\_\_\_\_)

AFFIDAVIT

Personally appeared before me \_\_\_\_\_ who, upon oath, says that the above claim is true, just, and that no part has been paid.

SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Claimant  
\_\_\_\_\_  
Address

NOTE: The acceptance of this claim form does not constitute an admission of legal liability on the part of the State or any other of its subdivisions or agencies.