AFFIDAVIT
DOCUMENT RE-FILE

FOR USE ONLY IN SALINE COUNTY, KS

STATE OF _____)
) SS:
COUNTY OF _____)

I, _____ do state that I have personal knowledge of the
(Print Name of Affiant)
statements and representations set forth in this affidavit.

INSTRUMENT INFORMATION:

BOOK	PAGE	STATE CORRECTION

(State specifically the correction being made in the space above **AND ON THE DOCUMENT BEING RE-FILED**)

As the Affiant, I have the full authority from the signatories of the document to correct the error described above.

I, the undersigned and his/her company will indemnify and hold harmless the Register of Deeds of Saline County, Kansas, from and against any and all loss, cost, or liability arising from the correction of the aforesaid error.

Affiant's Signature:

X_____

(_____)
Print Name

SUBSCRIBED AND SWORN TO before me on _____ (date)

Expiration Date: _____ _____
Notary Public Signature

REGULAR RECORDING FEES APPLY FOR RE-FILED DOCUMENT