

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Custodian of Records for  
(Custodian of Records Printed Name)

\_\_\_\_\_, located at  
(Institution Printed Name)

\_\_\_\_\_,  
(Institution Printed Address)

do hereby certify that I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein. Attached hereto are \_\_\_\_\_ pages of records from the above listed provider or facility. The said pages were kept by the above listed provider or facility in the regular course of business, and it was the regular course of business for me and any employee or representative of the above listed provider or facility with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The record attached hereto is the original or exact duplicate of the original and no other documents exist on the file for

\_\_\_\_\_  
(Account holder's name)

\_\_\_\_\_  
(Affiant's Signature)

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public, State of Texas)

\_\_\_\_\_  
(Notary's printed name)

My commission expires:

\_\_\_\_\_

SEAL