R & T
RUTLEDGE & TINAJ PLLC
INJURY LAW FIRM
REPUTATION BUILT ON TRUST

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AFFIDAVIT OF NO INSURANCE

The Affiant being duly sworn, Deposes and says:

I, _____
FIRST NAME **LAST NAME**

residing at _____
ADDRESS

of full age and being duly sworn according to law upon this oath deposed and says:

On or about _____ / _____ / _____**,** same prior thereto, I (we)
(*Date of Accident*)

Resided at_____

On or about the date above, I did not own an automobile, nor was I personally insured under the provisions of any automobile insurance policy, nor was I resident relative with a registered automobile.

_____ **Dated:**_____ / _____ / _____
Client Signature

I declare that the information above is true to the best of my knowledge and understanding.

THIS FORM MUST BE NOTARIZED

Subscribed and sworn to before me
this _____day of _____, **20**_____

_____
NOTARY PUBLIC
Acting in _____County, Michigan

My Commission Expires: _____ / _____ / **20**_____

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