3801 Centerpoint Drive, Suite 102, Anchorage, Alaska 99503
Phone (907) 569-2842 Fax (907) 569-2843

10928 Eagle River Road, Suite 122, Eagle River, Alaska 99577
Phone (907) 622-2842 Fax (907) 622-2843

865 N. Seward Meridian Parkway, Suite 101, Wasilla, Alaska 99654
Phone (907) 352-4000 Fax (907) 352-4001

## **Statement of Identity**

## Section I: Principal

First Name	Middle (or state 'none')	Last Name	(suffix)			
Social Security Date of Birth	Drivers License #					
RESIDENCES Number/Street	for the past 10 years: City/State/Zip	Dates (	(from – to)			
			to			
			to			
			to			
			to			

OCCUPATIONS f Firm Names		Location	
First Name	Section II: Spou (Complete if marri	ed)	(suffix)
	Dri		,
Date of Birth		veis Licelise #_	
RESIDENCES for	the past 10 years:		
Number/Street	City/State/Zip	Dates	s (from – to)
			to
			to
			to

## OCCUPATIONS for the past 10 years

Firm Names			Location		
Section III: Prior Marriages (Complete if applicable)					
Name:	(00111	proce in approcaute)			
Divorced	Deceased	When	Where		
Name:					
Divorced	Deceased	When	Where		

## **Section IV: Affidavit of Identity** \_\_\_\_\_, being first duly sworn, under oath, deposes and states that he/she is not the same person shown as debtor in the following item(s) of record: Affiant further states that there are no unsatisfied judgments, Warrants or Liens of any nature, State, Federal or other against him/her. Subscribed to and sworn before me this \_\_day of \_\_\_\_\_\_, 20\_\_ by\_\_\_\_\_ Notary Public-Alaska: \_\_\_\_\_ Commission expires: (Seal) Statement of Identity