AFFIDAVIT: NO REMAINING DEBTS

State of New York____________________
   )SS
County of _________________________

____________________________________
president and __________________________

____________________________________
treasurer of __________________________

Library, which was incorporated by the Regents of the University of the State of New York with a charter on ____________________________ under the corporate name of ____________________________ Being duly sworn depose and say, each for himself/herself, that the______________________________library, has no remaining property and no debts.

____________________________________
President (Signature and Printed Name)

____________________________________
Treasurer (Signature and Printed Name)

STATE OF NEW YORK
   )
   )ss:
COUNTY OF
   )

On this _____ day of ____________, 20___ before me personally came _____________________________(insert name of trustee) to me known to be the person described in and who executed the foregoing application, and (s)he duly acknowledged to me that (s)he executed the same.

(Typed name, stamp and signature of notary public)