**Gift Affidavit**

*State: \_\_\_\_\_\_\_\_\_*

*County: \_\_\_\_\_\_\_\_*

I, the undersigned, being of sound mind and body, do swear and confirm the following facts:

1. My legal name is as follows: \_\_\_\_\_\_\_\_.

2. My date of birth is \_\_\_\_\_\_\_\_.

3. My present address and telephone number are as follows:

\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_

4. This Gift Affidavit is being written to evidence my transfer of a gift to the following party:

\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_

5. The gift was as follows:

\_\_\_\_\_\_\_\_

6. The gift was transferred on \_\_\_\_\_\_\_\_.

7. This gift is given without expectation of repayment.

8. There are no other agreements, terms, conditions, understandings, or promises express or implied concerning the gift.

9. I provided the following form of identification to the Notary Public to prove my identification:

\_\_\_\_\_\_\_\_

10. I am aware that any false information on this Gift Affidavit is punishable to the fullest extent of the law, up to and including monetary fine or imprisonment.

11. The below is my true and correct signature.

I swear under penalty of perjury that I am the party described above and that all statements in this Gift Affidavit are true.

Donor: \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donee: \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Alabama NOTARIZATION:**

*State: Alabama*

*County: \_\_\_\_\_\_\_\_*

On the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me personally appeared the above signatory. I am a Notary Public in and for the state of Alabama and the signatory above is personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name is signed herein and acknowledged that he/she/they executed the same.

WITNESS my hand and official seal:

Seal:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_