

**THE SHOSHONE-PAIUTE TRIBES  
OF THE DUCK VALLEY INDIAN RESERVATION**

P.O. Box 219 Owyhee, NV 89832  
(208) 759-3100  
www.shopaitribes.org



**PARENTS/GUARDIANS AFFIDAVIT**

for

**Minors & Incapacitated Persons**

**(To be filled out and signed in the presence of a Notary Public)**

We, \_\_\_\_\_ and \_\_\_\_\_  
(Print name of First Parent or Guardian) (Print name of Second Parent or Guardian)

do hereby affirm that we are the true/legal parents/guardians of \_\_\_\_\_  
(Print name of the minor child/incapacitated person)

\_\_\_\_\_, a minor child and member of the Shoshone  
Paiute Tribes of the Duck Valley Indian Reservation, entitled to participate in the distribution  
of the Ramah Navajo Settlement Funds Distribution. Said minor/incapacitated person is  
currently \_\_\_\_\_ year(s) of age.

(Age of Minor)

Please make checks payable to said minor child's/incapacitated person's name

in Care Of: \_\_\_\_\_  
(Print name of Parent or Guardian)

Parent/Guardian's Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*One (1) of the following is required:

- ✓ Both parent's/guardian's signatures on affidavit; or
- ✓ One (1) parent's/guardian's signature, along with the most recent court documents for guardianship/custody; or
- ✓ One (1) parent's/guardian's signature on affidavit, along with an additional Notarized Statement establishing your authority to receive this payment on the child/person's behalf.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

(Seal)

Notary Public:

State of \_\_\_\_\_)ss

County of \_\_\_\_\_)

On \_\_\_\_\_, 20 \_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for  
said county, personally appeared \_\_\_\_\_ and \_\_\_\_\_,  
who have satisfactorily identified themselves as the signers stated herein.

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_