AFFIDAVIT OF HOUSEHOLD SERVICES RENDERED

Claimant/Injured Person: _____Claim #: _____
Date of Loss: _____ Policy Holder: _____
Provider of Services: _____
Address: _____City: _____State: _____Zip: _____
Telephone No.: _____ Social Security No.: _____

Service Date	Description of Duties Performed	Total Hours Required

I acknowledge that had I not been injured in this accident I would have performed these services for the benefit of myself and/or any dependants.

Signature: _____ Date: _____

Please return to: Rex Anderson, P.C. @ 9459 Lapeer Road, Suite 101 Davison, MI 48423
(810) 653-3300 Telephone – (810) 658-2510 Fax