

**AFFIDAVIT OF ATTORNEY-IN-FACT**

PRINCIPAL INFORMATION

Name:

SSN:

The undersigned does hereby state and affirm the following:

(1) The undersigned is the person named as Attorney-in-Fact in the Power of Attorney executed by Principal on \_\_\_\_\_ [Date] (the "Power of Attorney").

The attached is (check one):

- the original.
- a true copy of the original.

(2) The Power of Attorney is currently exercisable by the undersigned.

(3) The undersigned has no actual knowledge of any of the following:

- a. The Principal is deceased.
- b. The Power of Attorney has been revoked or terminated, partially or otherwise.
- c. The Principal lacked the understanding and capacity to make and communicate decisions regarding his estate and person at the time of Power of Attorney was executed.
- d. The Power of Attorney was not properly executed and is not a legal, valid power of attorney.

(4) The undersigned agrees not to exercise any powers granted under the power of Attorney if the undersigned becomes aware that the Principal is deceased or has revoked such powers.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

[PLEASE SEE NOTARIZATION ON NEXT PAGE]

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

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

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public Signature  
My Commission Expires:\_\_\_\_\_

(Seal)