

AFFIDAVIT FOR POWER OF ATTORNEY

State of _____

County of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) also known as _____ (Name on stock account) granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

- (1) The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
- (2) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) I certify this to be a true and complete copy of the Power of Attorney.

Signature and acknowledgement

Agent's Signature

Date

Agent's Name Printed

Agent's Telephone Number

Agent's Address

This document was acknowledged before me on

This _____ **day of** _____, **20** _____

by _____
(Name of Agent)

(Signature of Notary)

My commission expires _____

NOTARY CERTIFICATION

Doc. Date: _____ Undated _____ # of Pages: 1

Notary Name: _____ Circuit

Doc. Description: Affidavit for Power of Attorney

Notary Signature Date

Affix Seal Here

Note: This Affidavit is only valid within one week from the day notarized.