

POA / Agent Certification as to the Validity of Power of Attorney and Agent's Authority

State of _____

County of _____

I, _____, (name of agent) certify under penalty of perjury that _____ (name of Principal) granted me authority as an agent or successor agent in a Power of Attorney dated _____ (the "Power of Attorney"). I accept the appointment as Agent.

A true copy of the Power of Attorney is attached.

Further, I certify that to my knowledge:

1. The Principal had the capacity to execute the Power of Attorney, is alive, and has not revoked the Power of Attorney, or my authority to act under the Power of Attorney, and my powers to act under the Power of Attorney have not been altered or terminated, and remain in full force and effect.
2. If the Power of Attorney was written to become effective upon the occurrence of a specific event or contingency, the event or contingency has occurred. (Required documents attached)
3. If I was named as a successor agent, the prior agent is no longer able or willing to serve.
(Insert any other relevant statements)

I agree not to exercise any powers granted by the Power of Attorney if I attain knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

Signature and Acknowledgement

Agent's Signature: _____ Date: _____

Agent's printed name: _____ Phone number _____

Agent's address _____

Must be notarized

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____

(Notary's printed name)

(Notary's official Signature)

(Commission Expires)

