

**AGENT'S 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 false statement that _____ (Name of Principal) 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) _____
_____ (Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

(Agent's Signature) (Date)

(Agent's Name Printed)

(Agent's Address)

(Agent's Telephone Number)

This document was acknowledged before me on _____, 20____

by _____
(Name of Agent)

(Signature of Commissioner of Superior Court/Notary) (Seal, if any)

My commission expires: _____