

Agent's Certification of Authority of Power of Attorney

State of _____
County of _____

I, (name of Agent) _____, certify under penalty of perjury, that I am authorized to act as an agent or successor agent, under a power of attorney granted by (name of Principal) _____, dated _____.
I accept the appointment as Agent.

A true copy of the power of attorney is attached.

I further certify, to the best of 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;
3. If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
4. _____

(insert any other relevant statements)

AFFIRMATION

Agent's signature

Print agent's name

Agent's address

Agent's phone

Subscribed and sworn to, or affirmed, before me on this date _____, by _____ (name of Agent).

Notary signature [Notary seal]

My commission expires: