**AGENT’S CERTIFICATION AS TO 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 in a power of attorney dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I further acknowledge:

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 contingency, the event contingency has occurred;
3. if I was named a successor agent, the prior agent is no longer able or willing to serve; and

(Insert other relevant statements)

**SIGNATURE AND ACKNOWLEDGEMENT**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Agent’s ’ Signature) |  | (Date) |
|  |  |  |
| (Agent’s Printed Name) |  |  |
|  |  |  |
| Number and Street |  | (Agent’s telephone number) |
|  |  |  |
| City, State and Zip Code |  |  |
|  |  |  |

This document was acknowledged before me on, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Agent).

|  |  |  |
| --- | --- | --- |
|    |    |  |
|  |  | Notary / Commissioner of the Superior Court |
|    |    |  |
|    |    | My commission expires: |
|  |  |  |