

## AGENT'S CERTIFICATION ASTOTHEVALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

For security purposes, please return this form in person or by mail. Do not send it by email.

State of	C	ounty/City of		
I,	(Name of Agent), certify under penalty of perjury that			
(Name o	of Principal) granted me authority as an agent or succe	essor agent in a	Power of Attorney dated	
I furthe	r certify that to my knowledge:			
1.	The Principal is alive and has not revoked the Power of Attorney,			
2.	My authority to act under the Power of Attorney has not terminated,			
3.	If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred,			
4.	If I was named as a successor agent, the prior agent is no longer able or willing to serve, and			
5.				
	(Insert other relevant statements)			
SIGNATU	URE AND ACKNOWLEDGMENT			
Agent's Name Printed		_	Social Security Number	
Agent's	s Telephone Number	_	Date of Birth	
Agent's	Address			
Agent's Signature		_	Email Address	
Date		_		
		•••••		
This document was acknowledged before me on(Name of Agent).		(date) by _		
Signature	e of Notary			
My comn	mission expires:	_		
Notary Registration Number:		_	X	
This doc	cument prepared by:	_	Notary Seal.	