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The recording official is directed to return this instrument or a copy to the above person.

Above Space Reserved For Recording

### AFFIDAVIT OF VALIDITY OF POWER OF ATTORNEY

RE: POWER OF ATTORNEY FROM \_\_\_\_\_, (PRINCIPAL)  
DATED \_\_\_\_\_, (year)  
RECORDED WITH PUBLIC RECORDS OF  
COUNTY AT DOCKET/PAGE \_\_\_\_\_

1. I hereby depose and say I am an adult and otherwise competent to execute an Affidavit and further, I am the above-named Attorney-in-Fact.

2. The Affidavit is executed pursuant to the Uniform Probate Code. This provides an Affidavit executed by the Attorney-in-Fact stating that he/she did not have, at the time of the act pursuant to the Power of Attorney, actual knowledge of the revocation or termination of the power by death, disability or incompetence. The Affidavit, in the absence of fraud, is conclusive proof of the non-revocation or non-termination of the power at that time. If the power requires the execution of an instrument which is recordable, the Affidavit, when authenticated for record, is similarly recordable.

3. Pursuant to the above, I affirm that on the date below I have had no actual knowledge of any revocation or termination of the Power of Attorney by death, disability, incompetence or otherwise and I have good reason to believe the Power of Attorney is in full force and effect.

4. I have read the foregoing and of my own knowledge affirm that the facts stated above are true and correct.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

, SS.

\_\_\_\_\_  
Attorney-in-Fact

, (year)

Then personally appeared \_\_\_\_\_,  
the above-named Attorney-in-Fact, who acknowledged the foregoing, before me.

\_\_\_\_\_  
Notary Public  
My Commission Expires: