

DURABLE POWER OF ATTORNEY AFFIDAVIT

STATE OF _____ :
 : SS.
COUNTY OF _____ :

I, _____, being duly sworn according to law, do hereby depose and say that:

- 1. I am an adult individual having a residence at _____.
- 2. The attached Durable Power of Attorney (hereinafter the "POA") executed on _____ is a true and correct copy of same.
- 3. When the POA was executed, the principal was competent.
- 4. The POA has not been revoked by the principal's death or otherwise.
- 5. The POA is therefore valid and still in force and effect as of the date of this Affidavit.

I swear that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment in accordance with any and all applicable federal and/or state laws.

BY:

Sworn to and subscribed
before me this ____ day of
_____, 201

Notary Public