

AFFIDAVIT OF POWER OF ATTORNEY

STATE OF _____

COUNTY OF _____

I, _____, (Agent), being duly sworn, depose and say:

1. The Principal within did, in writing, appoint me as the Principal's true and lawful ATTORNEY-IN-FACT in the within Power of Attorney.
2. I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent that the Principal is alive, has not revoked or repudiated the Power of Attorney and the Power of Attorney is still in full force and effect.
3. I make this affidavit for the purpose of inducing _____ and its agent _____ to accept delivery of the following instrument(s), as executed by me in my capacity as the Attorney-in-Fact, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Instruments and in paying good and valuable consideration therefore:

Signed and sworn before me on

Notary Public
My Commission Expires on:

BY:
(Agent)

DATED: _____